



**Kansas Real Estate Commission**

Jayhawk Tower  
700 SW Jackson St Ste 404  
Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411  
Fax: (785) 296-1771 www.krec.ks.gov

Public access is available by appointment only

**APPLICATION FOR ALL COURSE APPROVAL | RE-810**

**INSTRUCTIONS**

Complete this form to register one of the following education courses with KREC. A separate form must be completed for each new course registered. All documents must be sent digitally. **Do not send printed copies of the course application and documents in the mail.** This form is fillable online and must be typed. Please email this form and all additional documents to [kreceducation@ks.gov](mailto:kreceducation@ks.gov).

Please select course type:

- In-person pre-license or in-person continuing education course
- Distance, home-study, or online licensing or continuing education course

**REQUIRED DOCUMENTATION**

Please include the following, pursuant to K.A.R. 86-1-10(b):

- Detailed Course Outline – include time required to instruct or present each subsection
- Course Objectives for each topic/module – what the student will be able to do upon completion of the course
- Textbook, Student Manual, or any other relevant content
- Sample of advertisement and/or enrollment form

For distance courses, also include:

A copy of all quiz or exam questions with answer keys. A minimum of 10 questions per credit hour for CE, 40 for the Kansas Law Course, and 50 for all other pre-license courses.

**FEES**

Enclose attached credit card form or \$75.00 check or money order payable to KREC.

**SCHOOL INFORMATION:**

SCHOOL NAME			PROGRAM COORDINATOR	
ADDRESS			EMAIL	
CITY	STATE	ZIP	COUNTY	
PHONE	FAX		WEBSITE	

**COURSE INFORMATION:**

COURSE NAME			
INSTRUCTOR NAME(S):			
CREDIT HOURS REQUESTED: <small>3 HOUR MINIMUM REQUIRED</small>		TYPE OF CREDIT REQUESTED	
		<input type="checkbox"/> PRE-LICENSE COURSE <input type="checkbox"/> CE ELECTIVE <input type="checkbox"/> CE MANDATORY	
ATTENDANCE FEE	NUMBER OF CLASS SESSIONS <small>(IN-PERSON ONLY)</small>	TIME SPENT PER SESSION <small>(IN-PERSON ONLY)</small>	TOTAL HOURS IN COURSE



**Kansas Real Estate Commission**

Jayhawk Tower  
700 SW Jackson St Ste 404  
Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411  
Fax: (785) 296-1771 www.krec.ks.gov

Public access is available by appointment only

**ADDITIONAL COURSE INFORMATION**

Proposed dates, times and locations for this course (In-person only): \_\_\_\_\_

Method(s) of instruction to be used: \_\_\_\_\_

Attendance policy and/or procedure for maintenance of records: \_\_\_\_\_

**THIS SCHOOL IS (select one):**

- an institution which is accredited by the north central association of colleges and secondary schools accrediting agency
- a technical college as defined by K.S.A. 72-4412 and amendments thereto
- a private or out-of-state postsecondary educational institution which has been issued a certificate of approval pursuant to the Kansas private and out-of-state postsecondary educational institution act; required for pre-license course providers.  
(New schools – include a copy of certificate from Kansas Board of Regents)
- an agency of the state of Kansas
- a similar institution, approved by the commission, in another state
- an entity, seeking approval by the Commission, to provide continuing education
- an entity, approved by the Commission, to provide continuing education

**COORDINATOR CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information I have provided is true, correct and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Initials: _____	<b>COMMISSION USE ONLY</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Fee: \$ _____	Deposit Date: _____	Notes:

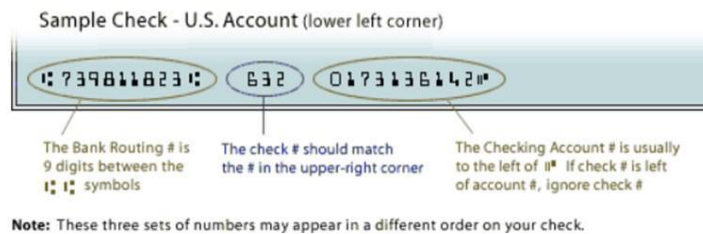


**Option 1: CREDIT CARD PAYMENT INFORMATION**

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional/for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Discover

**Option 2: ELECTRONIC CHECK PAYMENT INFORMATION**

Account Holder Name:	Email Address: (optional for electronic receipt)	
Transaction Type:	Account Type:	Check Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number:	Routing Number:	



Submit to the Kansas Real Estate Commission by:

Email: [kreceducation@ks.gov](mailto:kreceducation@ks.gov)

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card or electronic check information by phone, call 785-296-3411.