



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.

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



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

