



**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

**EDUCATION INDIVIDUAL REQUEST FORM | RE-800**

**INSTRUCTIONS** **This is a fillable form**

Complete this form to request up to nine elective hours for real estate-related courses **not** listed in the [Directory of Approved CE Providers and Courses](#). Request must be received 15 days prior to license expiration date.

Do **not** use this form for courses listed in the [Directory of Approved CE Providers and Courses](#). Contact the education provider to issue your Kansas course completion certificate to ensure Kansas requirements have been met.

- Licensees are limited to a single three-hour appraisal-type course per renewal period
- Credit is not granted for property management courses
- If denied, you must complete another course prior to your license expiration date. Check CE at: [licensing.ks.gov/EGOV\\_KREC](http://licensing.ks.gov/EGOV_KREC).

**REQUIRED DOCUMENTATION**

The following materials **must** be included for each course and sent electronically to [kreceducation@ks.gov](mailto:kreceducation@ks.gov):

- Course outline
- Course completion certificate signed by the course sponsor or instructor
- Proof of passing score of 90% or better on exam or quiz questions for distance education courses**

**FEES**

- \$10.00 per course - Enclose attached credit card payment form

**LICENSEE INFORMATION:**

LICENSEE NAME	LICENSE NUMBER
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**COURSE AND PROVIDER INFORMATION:**

COURSE TITLE	SCHOOL NAME
DATE OF COMPLETION <small>WITHIN CURRENT RENEWAL PERIOD ONLY</small>	COURSE LOCATION <input type="checkbox"/> DISTANCE/VIRTUAL <input type="checkbox"/> IN-PERSON

**COURSE AND PROVIDER INFORMATION:**

COURSE TITLE	SCHOOL NAME
DATE OF COMPLETION <small>WITHIN CURRENT RENEWAL PERIOD ONLY</small>	COURSE LOCATION <input type="checkbox"/> DISTANCE/VIRTUAL <input type="checkbox"/> IN-PERSON

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**LICENSEE SIGNATURE**

\_\_\_\_\_  
SIGNATURE

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

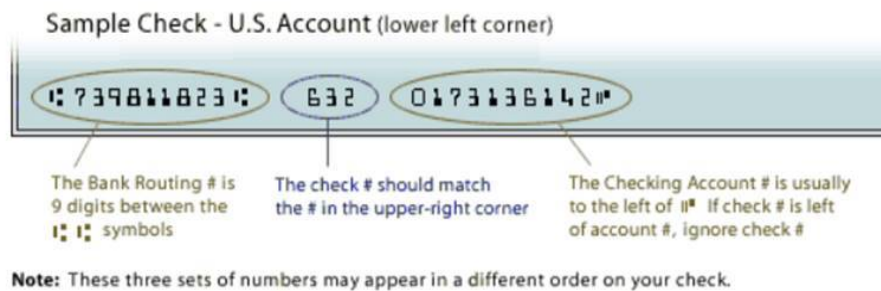
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**Option 1: CREDIT CARD PAYMENT INFORMATION**

Card Holder Name:	Email Address: (for electronic receipt)
Card Number:	Card Expiration Date:

**Option 2: ELECTRONIC CHECK PAYMENT INFORMATION**

Account Holder Name:	Email Address: (optional for electronic receipt)	
Transaction Type: <input type="checkbox"/> Personal <input type="checkbox"/> Business	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check Number:
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 information by phone, call 785-296-3411.