



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

To apply for course approval, digitally complete this form and email all required documentation to kreceducation@ks.gov. A separate form must be completed for each course. Do not send printed copies of the course application and documents in the mail.

Please select course type:

- In-person pre-license or in-person continuing education course
- Distance, home-study, or online pre-license or continuing education course (includes synchronous distance)

REQUIRED DOCUMENTATION

Pursuant to K.A.R. 86-1-10(b), each school seeking commission approval of a course shall submit the following information to the commission at least 45 days before the first scheduled class session:

- 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

For distance courses, also include:

- An exam with answer key and 90% passing score. A minimum of 10 questions per credit hour for CE, 40 questions for the Kansas Law Course, and 50 questions for all other pre-license courses.
- Evidence of sufficient technology support to enable students to complete the distance education course
- Documentation on how the course will require active participation by each student and substantial interaction

FEES

Complete and include following payment form for \$75.00. Fee will not be refunded for denied or withdrawn course applications.

SCHOOL INFORMATION:

SCHOOL NAME		WEBSITE	
SCHOOL COORDINATOR		EMAIL	
PRIMARY CONTACT <small>IF DIFFERENT FROM COORDINATOR</small>		EMAIL	
ADDRESS	CITY	STATE	
ZIP	PHONE	FAX	

COURSE INFORMATION:

COURSE NAME <small>SEE K.S.A. 86-1-11 FOR PRE-LICENSE AND MANDATORY COURSE TITLE REQUIREMENTS</small>	
NUMBER OF CREDIT HOURS REQUESTED: <small>3 HOUR MINIMUM REQUIRED FOR CE</small>	TYPE OF CREDIT REQUESTED <input type="checkbox"/> PRE-LICENSE <input type="checkbox"/> CE ELECTIVE <input type="checkbox"/> CE MANDATORY



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REASON FOR APPROVAL REQUEST:

- NEW COURSE APPROVAL
- NEW COURSE APPROVAL DUE TO CHANGES TO THE FOLLOWING:
 - CONTENT
 - OUTLINE
 - OBJECTIVES
 - PRESENTATION PLATFORM

CHANGE REPORTING INFORMATION

ATTACH ALL DOCUMENTS REQUIRED FOR COURSE APPROVAL. HIGHLIGHT WHERE CHANGES ARE MADE AND PROVIDE PAGE NUMBERS WITH A DESCRIPTION OF CHANGES, IF ANY, HERE:

ADDITIONAL COURSE INFORMATION

When is the first course scheduled to occur? (Attach a course schedule for in-person or synchronous distance courses): _____

Course location or presentation platform: _____

Attendance policy and 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 the certificate of approval from Kansas Board of Regents)
- an agency of the state of Kansas
- a similar institution, approved by the commission, in another state
- an entity providing continuing education only

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



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TIME, MODULE, or TOPIC	DETAILED CONTENT OUTLINE – Include each module or topic. For in-person, group into segments no longer than 15 minutes and indicate length of break(s).	LEARNING OBJECTIVES – Provide a minimum of three Learning Objectives for every three hours of your course. A Learning Objective defines: "WHAT WILL THE STUDENT BE ABLE TO DO UPON COMPLETION OF THIS COURSE?"
SAMPLE		
5 minutes	Five fiduciary responsibilities of an agent to his client	The student will be able to define either verbally or in writing the five fiduciary responsibilities an agent has to his client and give an example of how each of the five responsibilities could be applied in a real estate transaction.
10 minutes	a. confidentiality	
10 minutes	b. obedience	
5 minutes	c. loyalty	
5 minutes	d. accounting	
15 minutes	e. disclosure	
Please fill out or attach a typed copy		

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Erik Wisner, Executive Director

Laura Kelly, Governor

APPROVED COURSE SCHEDULE

Complete this fillable form with upcoming information for approved courses and submit to kreceducation@ks.gov. You may also use your own form. If changes to the schedule occur, submit notification to kreceducation@ks.gov at least 15 days in advance.

SCHOOL NAME:			SUBMITTED BY:		FOR THE MONTH OF:
Course Code	Course Title	Begin Date	End Date	Time	Course Location Include address for in-person



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CONSENT TO ELECTRONIC SERVICE

INSTRUCTIONS

Complete this form to have all communications sent via email rather than U.S. mail on behalf of a real estate school.

I, _____, as school coordinator, hereby agree and consent to service by electronic means in matters before the Kansas Real Estate Commission as stated below.

1. I agree that all notices, pleadings, objections, motions, orders, directives and warnings shall be served upon me at the email address _____, and that I will not receive paper copies of these documents.

2. I agree and affirm that I have access to the electronic notification address designated and agree to check regularly for communication from the Kansas Real Estate Commission. I also understand and agree that it is my responsibility to monitor that address for communications and that the Kansas Real Estate Commission will not provide any additional notifications to me when a document is served at that address.

3. I understand and agree that service by the electronic notification address I have designated shall be complete upon transmission.

4. I hereby agree to notify the Kansas Real Estate Commission **in advance** before I deactivate or change the electronic notification address designated. I further understand and agree that my failure to comply with this paragraph will invalidate any service made to the electronic notification address designated above prior to receipt by the Kansas Real Estate Commission of the updated electronic notification address.

5. I also agree that my consent to electronic service shall continue to be effective unless and until I submit a written withdrawal of consent to the Kansas Real Estate Commission or until notice of appointment of a new school coordinator is received by the Kansas Real Estate Commission.

Signature

Date

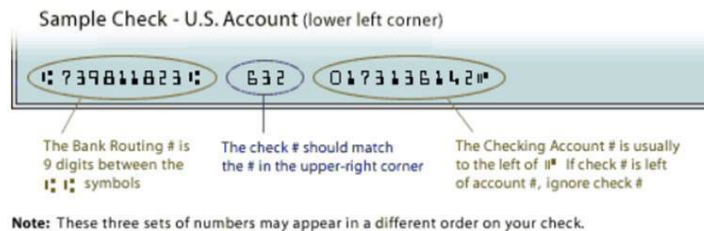
School Name

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: (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

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.