

FEE: \$20
NON-REFUNDABLE
Payable to:
Maine State Treasurer

INDIVIDUAL REQUEST FOR CONTINUING EDUCATION CREDIT

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAILING ADDRESS:
MAINE REAL ESTATE COMMISSION
35 STATE HOUSE STATION, AUGUSTA ME 04333-0035
PH 207 624-8518 FAX 207 624-8637 HEARING IMPAIRED 207 624-8563
INTERNET WWW.MAINE.GOV/PROFESSIONALLICENSING

FOR MREC OFFICE USE ONLY
CHECK NO _____
AMT _____
CASH NO _____
APPRVL DATE _____

INSTRUCTIONS:

- Complete all sections.
- Type or print clearly in ink.
- Attach course outline or other material published by the course sponsor that describes the course content in detail.
- Attach your transcript or certificate of completion that includes the sponsor name, course name, your name, length of course in hours and the month, day and year the course was completed. You must have completed the course in its entirety to be eligible to receive credit. Use the certificate on the back of this form if no other verification of completion is available.
- If distance learning course (see categories below), a final exam is required and your certificate must include the numeric grade you earned on the exam (minimum 85% required).
- Enclose check for \$20 payable to Maine State Treasurer and mail to address above.

YOUR NAME _____
YOUR LICENSE NUMBER _____ Expire Date _____
MAILING ADDRESS Street/PO Box _____ City _____
State _____ Zip _____ CONTACT PH () _____ - _____ FAX () _____ - _____
E-MAIL ADDRESS _____

COURSE TITLE _____
COURSE SPONSOR _____
INSTRUCTOR _____
COURSE FORMAT (check one) LIVE/CLASSROOM SETTING
 DISTANCE LEARNING (indicate delivery method)
 Text-based Correspondence
 Audio Tape
 Video (VHS)
 TV (includes satellite & ITV)
 Computer (CD or Diskette)
 Internet
TOTAL NUMBER OF CREDIT HOURS REQUESTED (excluding lunch & breaks) _____
By my signature, I hereby certify that the information contained in this application and all supporting documentation is true and accurate to the best of my knowledge and belief and that this application is made for the purpose of obtaining approved credit hours toward the education requirement for renewal or activation of my real estate license. I understand that misrepresentation or falsification of the information contained herein may result in suspension or revocation of my license.
APPLICANT'S SIGNATURE _____ DATE _____

USE THIS CERTIFICATE IF NO OTHER FORM OF VERIFICATION OF COMPLETION IS AVAILABLE

This certificate must be completed in full, signed and dated by the course instructor or other authorized official of the sponsoring school.

PLEASE PRINT CLEARLY IN INK

CONTINUING EDUCATION CERTIFICATE OF COMPLETION

Name of Course Participant _____

Name of Sponsoring School/Organization _____

Title of Course _____

Location of Course _____

Course Format (check one)

LIVE/CLASSROOM SETTING

DISTANCE LEARNING (check off delivery method)

Text-based Correspondence

TV (includes satellite & ITV)

Audio Tape

Computer (CD or Diskette)

Video (VHS)

Internet

Total Number of Classroom Hours* _____

* If Distance Learning, indicate the average number of hours required to complete rounding down to the nearest whole number.

Final Exam Grade if Distance Learning Course _____

Date Course was Completed ____/____/____

I hereby certify on behalf of the sponsoring school/organization that the above named individual completed this course in its entirety.

Signature of Instructor or Authorized School Official

Date