# APPLICATION FOR APPROVAL OF BROKER REAL **ESTATE CONTINUING EDUCATION COURSE SPONSOR**

State Form 46182 (R6 / 4-25) Approved by State Board of Accounts, 2016

### INDIANA PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 232-2960 Fax: (317) 233-4236 E-mail: pla5@pla.IN.gov

## INSTRUCTIONS:

- (1) Include a school director resume listing experience in detail, and a college transcript if applicable.
- (2) Include descriptive course content outline for each course, including a cover sheet indicating the number of hours awarded. The outline must include a timeline for each item to be discussed.
- (3) Include instructor application for each instructor.
- (4) Include an example of the certificate which will be issued to licensees who complete the course. Certificate requirements are listed in 876 IAC 4-1-2.

		FOR OFFIC	CE USE ONLY		
Date of application (month, day, year)	Application fee		Date fee paid (month, o	day, year)	Receipt number
		SPONSORI	NFORMATION		
Name of course sponsor				Business	s telephone number
Address of course sponsor (number and s	treet, city, state and ZIP co	de)		E-mail a	ddress (required)
		SCHOOL DIRECT	FOR INFORMATION	'	
Pursuant to 876 IAC 4-1-2, you muas program development, schedul instructional program.	ust submit the name, ad	dress and resume	of the school director		real estate administrative matters such and general supervision of the
Name of School Director				Business (	s telephone number
Address of School Director (number and st	reet, city, state and ZIP cod	de)		Fax num	ber (if any)
(	PART Do not complete this s		ORATION INFORMATE already an approved		hool.)
If the ownership of the sponsor	is a partnership:				
lame of partner					
Address (number and street, city, state and	l ZIP code)				
Name of partner					
Address (number and street, city, state and	l ZIP code)				
If the ownership of the sponsor	is a corporation:				
Name of director / officer	·				
Address (number and street, city, state and	l ZIP code)				
Name of director / officer					
Address (number and street, city, state and	d ZIP code)				
Name of director / officer					
Address (number and street, city, state and	d ZIP code)				

If the ownership of the sponsor is a limited liability company:						
Name of manager						
Address (number and street, city, state and ZIP code)						
Name of member						
Address (number and street, city, state and ZIP code)						
Name of member						
Address (number and street, city, state and ZIP code)						
If additional space is required, attach names / addresses of remaining directors, officers or partners on a separate sheet of paper.						
COURSE SPONSOR	(Check all that apply.)					
☐ College or university	☐ Proprietary school					
☐ Community or junior college	Other (specify)					
Real Estate related organization (please specify)						
☐ Sponsor having prior approval by the Indiana Real Estate commission						
COURSE	DFFERINGS					
The following courses will be offered, covering real estate and related topics which are consistent with the requirements of IC 25-34.1-9-11. Pursuant to 876 IAC 4-2-1 and 4-2-2, the classroom hour of instruction is fifty (50) minutes of each sixty (60) minute hour segment, and credit toward the classroom hour requirement will only be granted when the length of the course is at least two (2) hours. List all courses you are submitting with this application.						
COURSE NAME	COURSE HOURS	CLASS IS FOR: BROKER, MANAGING BROKER, MANAGING BROKER AND BROKER AND/OR INSTRUCTOR LICENSEES. DOCUMENT WHICH BELOW				

# ADVERTISING

A person may not advertise that the sponsor or the sponsor's course is required or recommended by the Commission.

AFFIRMATION					
I (we) the undersigned, submit this application in conformance with 876 IAC 4 pertaining to real estate continuing education sponsor approval. I (we) understand that I (we) shall conduct an instructor and course evaluation and that they shall be provided to the commission upon request. I (we) also understand that any violations of the license law or rules on my (our) part will subject me (us) to loss of approval.					
Signature of principal officer, partner or manager	Date (month, day, year)				