



REAL ESTATE CONTINUING EDUCATION SPONSOR REQUEST FOR APPROVAL OF SIGNIFICANT CHANGE(S)

State Form 50664 (R5 / 11-25)

INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
E-mail: pla5@pla.in.gov

INSTRUCTIONS: 1. Complete this form in its entirety. To submit by mail, send this form to the office address shown above.

Name of sponsor	Continuing Education sponsor number	Date (month, day, year)
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☐ **NAME OF NEW DIRECTOR:** (Include verification of degree (transcript) if applicable, and resume indicating qualifications.)

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☐ **INSTRUCTOR(S):** (Attach an instructor application for all instructors not previously approved. Do not indicate instructors that have been previously approved for you.)

COURSE TITLE(S)	INSTRUCTOR NAME(S)	INSTRUCTOR PERMIT NUMBER

☐ **NEW OR CHANGING COURSE(S):** (Include detailed outline for each course. Indicate number of hours for each course listed and indicate if you are asking for Broker only; Managing Broker; Managing Broker and Broker and/or Instructor.)

COURSE TITLE(S)	ASKING FOR APPROVAL FOR (MANAGING BROKER, MANAGING BROKER AND BROKER, BROKER ONLY, AND/OR INSTRUCTOR) INDICATE BELOW	COURSE HOURS