

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

**FORM 526 – REAL ESTATE CONTINUING EDUCATION
COURSE APPLICATION**

Date: _____

Sponsor Information

1. Name of sponsor: _____
2. Mailing Address: _____
City, State & Zip: _____
3. Telephone: _____ Fax: _____
4. E-mail: _____ URL: _____
5. Contact Person: _____

Course Information

6. Course Title: _____
7. Requested Credit Hours: _____
8. Course Objectives / Learning Outcomes:

9. Course Fee Range: \$ _____

10. Select the qualifying standards in [NAC 645.450](#) under which this course is being submitted for approval:

- 1a 1b 2a 2b 2c 2d 2e 2f 2g 2h 2i
 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t
 2u 2v 2w

11. Select 1 requested designation:

Mandatory

- Agency
 Broker Mgmt.
 Contracts
 Ethics
 Law & Leg. Update

Permit Holders

- Property Mgmt.
 Business Broker

Electives

- General
 Personal Development
(Maximum of 3 Hours)

12. Select 1 Delivery Method: Classroom Instruction
 Distance Education (select 1 below)

a. Internet b. Correspondence c. Other: _____

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REQUIRED as materials with course information:

13. **Timed content outline:** of topics and subtopics to covered in increments of 20 minutes or less. For classroom courses, include break times. For distance education, include time for quizzes and final exam.

14. **Class Schedule:** Provide proposed class schedule to be confirmed on notification of course approval for NRED's online calendar of classroom CE classes. [NAC 645.4432\(4\)](#).

Instructor Information

15. List instructor applicants below and submit completed instructor application form [635](#) for each applicant:

Individual instructor application for each instructor is required.

Retention of continuing education records

Sponsor verifies that attendance records will be retained in accordance with [NAC 645.455](#) at Sponsor's location address given below. Written notice of location change/address is required.

16. Address of location at which records will be held:

(City, State, Zip)

(Printed Name of Authorized Records Custodian)

(Signature of Authorized Records Custodian)

Regulatory Compliance

17. By signing and submitting this form to the Division, Sponsor agrees to comply with all Sponsor duties including, but not limited to, using:

- a. Evaluation report form [612A](#) or [612B](#), or the information prescribed in the form;
- b. Attendance report form [740](#) or the information prescribed in the form;
- c. Certificate of completion provided with course approval notification or the information prescribed in it;
- d. Evaluation summary report form [612C](#) or [612D](#), or the information prescribed in the form; and
Submitting completed class rosters on form [785A](#) using instructions provided in form [785](#).

Signatures throughout, including on instructor applications must be original as defined in [NAC 645.0515](#). Photocopied signatures are not acceptable.

18. Course application fee is \$100 per application. Amount enclosed: \$ _____

“I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.”

(Print Name)

Executed on _____
(Date)

(Signature of person authorized to submit application)

COURSE APPLICATION FEE IS NON-REFUNDABLE
INCOMPLETE SUBMISSIONS COULD RESULT IN DELAY OR DENIAL OF APPLICATION.

STATE OF NEVADA
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REQUIRED with all course applications for distance education delivery, completed:

- 1. Distance Education Questionnaire (or ARELLO certification, if course is ARELLO certified);**
- 2. Application for Secure Electronic Method of Administering Final Exam, if applicable;**
- 3. Certificate of Test Proctor, if applicable.**

DISTANCE EDUCATION QUESTIONNAIRE

MUST BE COMPLETED IF SPONSOR DOES NOT HAVE DISTANCE EDUCATION CERTIFICATION

See [NAC 645.443](#)

I. What is your mission statement?: _____

II. Describe the design of the course: _____

III. What are your procedures for updating the course: _____

IV. Describe the type and frequency of interactivity of the instruction with the students:

V. How does the instruction provided teach mastery of the materials?: _____

VI. What support services are available to students?: _____

VII. How was a time study of the range of instructional hours for this course completed? Justify the number of hours requested to be approved for this course:

DISTANCE EDUCATION QUESTIONNAIRE

VIII. Describe and document how each module of instruction has:

a) At least one learning objective. _____

b) A structured learning method to enable the student to achieve the learning objective.

c) A method of assessment of the student's performance during instruction. _____

d) A method of remediation if student is deficient in mastering the course material to repeat the course until the student understands.

e) A complete syllabus or student instruction manual (or both) provided in written form which includes accurate and clearly stated information about admissions, progression, completion, criteria, dismissal and any applicable licensing requirements.

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**APPLICATION FOR SECURE ELECTRONIC METHOD OF ADMINISTERING
FINAL EXAM FOR DISTANCE EDUCATION COURSES**

[NAC 645.443](#) allows for a written final examination to be administered by a secure electronic method in lieu of a proctored exam.

Describe your proposal for administering testing in electronic format. Your proposal should detail the procedures, methods and components you plan to utilize to secure the electronic format and the test security to assure that the person testing is the student.

Describe the elements and procedures you plan to utilize in grading the exam. Describe how the student will be notified of a pass or fail grade. What will be necessary for the student to re-test?

Please provide copies of exam(s) and answer key(s). [NAC 645.403.9](#).

STATE OF NEVADA
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CERTIFICATE OF TEST PROCTOR
Proctor Verification

Submitting this completed form will allow _____ to release the exam to the proctor via fax.
(Name of school)

Nevada Administrative Code [\(NAC\) 645.443](#) requires that a student who enrolls in a distance education program must pass a proctored, written examination. The proctor (someone over 18 who is not related to the student / see section 1 below) must complete this form and fax the completed form to _____.
(Name of school) (Phone Number)

All proctor signatures are **required** to be notarized. This insures the proctor is a real and valid person. All sections of this form must be completed for a test to be sent to the proctor.

Instructions to proctor: Complete this form then email or fax the form

_____ will email or fax the exam to be proctored
(Name of school)

Name of the course taken
(Use the students receipt or the title of the workbooks)

Name of the student taking the test

The proctor certifies that:

1. I am a disinterested third party in the administration of this examination. I am not related by blood, marriage or any other relationship to the examinee that would influence me from properly administering the examination. I am not a real estate licensee nor am I affiliated with a real estate brokerage firm.
2. The student taking the exam will show me positive photo identification prior to taking and completing the examination.
3. The enclosed examination will be administered under my supervision on the following date: _____.
4. The student received no assistance in taking the examination.
5. The test should be sent to my attention at: Fax _____ or Email _____.
6. _____ may contact me with questions via phone at the following number: _____.
(Name of school)
7. I will not permit the examination to be compromised, copied, or recorded in any way or by any method.
8. After examination is administered, I will fax/email completed examination to your school.

Printed Name of Proctor

Signature of Proctor

Address

City

State

ZIP

State of _____ } (Notary Seal)
 }SS
County of _____ }

Subscribed and sworn to before me this ____ day of _____, 20____.

_____ My appointment expires on _____.

STATE OF NEVADA
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REAL ESTATE DIVISION

Form 526 Checklist

Sponsor Checkbox	Check for all items that have been completed, are included or applicable before submitting application to the Division.	NRED Checkbox
<input type="checkbox"/>	Sponsor Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course objectives (1-2 measurable outcomes. May be attached if more space is required.)	<input type="checkbox"/>
<input type="checkbox"/>	Qualifying Standards selected	<input type="checkbox"/>
<input type="checkbox"/>	Requested Designation selected	<input type="checkbox"/>
<input type="checkbox"/>	Delivery Method	<input type="checkbox"/>
<input type="checkbox"/>	Retention of Records – completed and signed	<input type="checkbox"/>
<input type="checkbox"/>	\$100 Fee	<input type="checkbox"/>
<input type="checkbox"/>	Form 526 completed, signed and dated	<input type="checkbox"/>
<input type="checkbox"/>	Instructor Applications (resumes, licenses, certificates, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	ARELLO Certification or Distance Education Questionnaire	<input type="checkbox"/>
<input type="checkbox"/>	Application for Secure Electronic Method of Administering Final Exam (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Proctor (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Timed 2 to 3 point Content Outline	<input type="checkbox"/>
<input type="checkbox"/>	Course Materials (plus videos/CDs as applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Sample Student Handouts	<input type="checkbox"/>
<input type="checkbox"/>	Sample Refund/Cancellation Policy	<input type="checkbox"/>
<input type="checkbox"/>	Description of physical facility (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Copyright Authorization Letter (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Exams, Quizzes and Answers (if applicable)	<input type="checkbox"/>

**Submit completed application, with materials and fee to:
Education Section, Real Estate Division
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102**

FOR NRED INTERNAL USE ONLY

Duplicate Course: Yes No CE# _____ Duplicate Title: Yes No CE# _____

Application complete and accepted: Yes No Date: _____ Initials: _____