

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

**FORM 527 – TIMESHARE PRE-LICENSING EDUCATION
COURSE APPLICATION**

Course to Meet the Educational Requirements for obtaining a Timeshare Sales Agent License

Date _____

Sponsor Information

1. Name of Sponsor (Resort or School): _____

2. Mailing Address: _____

City, State & Zip: _____

3. Telephone: _____ Fax: _____

4. E-mail: _____ URL: _____

5. Type of Sponsor: Timeshare Resort Pre-licensing School

6. Name of Project Broker or Owner/Director of School: _____

7. CPE License #: _____ CPE Exemption #: _____

Attach a copy of the Postsecondary Education license or exemption letter issued by the Commission on Postsecondary Education.

Course Information

8. Approval period: January 1, _____ to December 31, _____

9. License Type: Timeshare Sales Agent 10. PL# _____

11. Course Title: _____

12. Instructor Names: _____ 13. Location(s) of Offerings: _____

14. Hours of Classroom Instruction: _____ (or) Hours of Self-Paced Study: _____

15. Credit Hours Requested: _____ 16. Course Fee: \$ _____

17. Number of Required Quizzes: _____ 18. Number of Required Exams: _____

19. Minimum passing grade: _____ 20. Final Passing Grade: _____

Attach a copy of each quiz and examination, with the answer key or correct answers marked.

21. Required Texts and Other Readings for Course:

Title	Author	Publisher/Date

22. Course Objectives: _____

23. Delivery Method: Live Instruction

*Select either "Live Instruction" or
Distance Education"*

Distance Education (select one delivery method below)

a. Correspondence

b. Internet

c. Other: _____

Retention of pre-licensing records

Sponsor verifies that attendance records will be retained in accordance with [NAC 119A.380](#) at Sponsor's location address given below.

Written notice of any change in location must be given to the Real Estate Division, Education Section.

24. 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

25. Course application fee is \$150 per application. Total 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)

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

If course is by distance education delivery, you must also complete:

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

14 HOUR TIMESHARE PRE-LICENSE COURSE MODULE SHEET
([NAC 119A.375](#))

<i>CLASS TOPIC</i>	<i>SESSION NO.</i>	<i>REQUIRED HRS</i> 14
<u><i>1. Principles and practices of selling timeshares</i></u>		<u><i>8 Hours</i></u>
<u><i>2. Professional ethics and the applicable laws and regulations relating to timeshares which must include coverage of chapter 119A of NRS and the regulations adopted pursuant thereto and the Federal Trade Commission Act,</i></u>		<u><i>6 Hours</i></u>

**PROVIDE A 2-3 POINT TIMED CONTENT OUTLINE TO REFLECT INFORMATION IN MODULE SHEET.
FOR TOPICS TESTED IN EXAM, GIVE APPROX. TIME (IN MINUTES) OR NUMBER OF ITEMS PER TOPIC**

**TIMESHARE PRE-LICENSING EDUCATION
INSTRUCTOR APPLICATION**

1. Name of Applicant: _____
Mailing Address: _____
City, State & Zip: _____
Business Phone: _____ Fax Number: _____
Applicant's E-Mail Address: _____

2. Name and address of Sponsor for which the applicant will instruct: _____

3. Title of Course which the applicant will instruct: _____

PL#: _____

4. **PROOF OF QUALIFICATION MUST BE ATTACHED** to include:

- Detailed resume defining dates (from-to) of schooling and experience. Describe experience in the field in which applicant is applying to instruct so that resume clearly shows how applicant is qualified to teach subject matter of course per [NAC 119A.380](#);
- Copies of applicable documents (licenses, certificates, etc).

QUESTIONS 5, 6, AND 7 MUST BE ANSWERED BY APPLICANT:

5. Have you ever been refused approval of a license or certificate by any Federal, State, County or City agency?
Yes No **If yes, attach an explanation.**
6. Has any license or certificate held by you been suspended, revoked or subject to discipline?
Yes No **If yes, attach an explanation.**
7. Have you ever been subject to disciplinary action by any Federal, State, County or City agency?
Yes No **If yes, attach an explanation.**

INCOMPLETE SUBMISSION COULD RESULT IN DELAY OR DENIAL OF APPLICATION.

I declare under penalty of perjury under laws of the State of Nevada that the foregoing attached statement consisting of ___ pages is true and correct.

Executed on: _____, 20 ____
(Date)

(Signature)

(Print Name)

FOR NRED INTERNAL USE ONLY

Date: _____

Approved / Denied By: _____

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.

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

[NAC 645.412](#) requires a closed book final examination. [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\(9\)](#).

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 [\(NAC\) 645.412](#) requires that a student who enrolls in a distance education program must pass a proctored, closed-book final 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 _____.

Public Notary

Form 527 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	<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"/>	\$150 Fee	<input type="checkbox"/>
<input type="checkbox"/>	Form 527 completed, signed and dated	<input type="checkbox"/>
<input type="checkbox"/>	Course Module Sheet completed with timelines	<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"/>	Sample Attendance Sheet	<input type="checkbox"/>
<input type="checkbox"/>	Sample Certificate of Attendance	<input type="checkbox"/>
<input type="checkbox"/>	CPE License or Exemption	<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	<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**

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Duplicate Course: Yes No PL# _____

Duplicate Title: Yes No PL# _____

Application complete and accepted: Yes No

Date: _____ Initials: _____