

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
**REAL ESTATE DIVISION**

**FORM 528 – TIMESHARE 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 hours of classroom instruction or self paced study, if distance education: \_\_\_\_\_
8. Course Objectives / Learning Outcomes: \_\_\_\_\_

9. Course Fee Range: \$ \_\_\_\_\_

10. Select the qualifying standards in [NAC 119A.400](#) under which this course is being submitted for approval:

- 1a     1b

11. Select 1 Delivery Method:  Classroom Instruction  
 Distance Education (select 1 below)  
a.  Internet    b.  Correspondence    c.  Other \_\_\_\_\_

12. State subject area of course, i.e. 1031 exchange, financing, marketing, supervision, calculators, etc.:

\_\_\_\_\_

**Instructor Information**

13. List instructor names below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 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.

14. 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**

15. Course application fee is \$150 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)

**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.**

**TIMESHARE CONTINUING 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: \_\_\_\_\_  
\_\_\_\_\_

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)

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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?:** \_\_\_\_\_

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**II. Describe the design of the course:** \_\_\_\_\_

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**III. What are your procedures for updating the course:** \_\_\_\_\_

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

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**V. How does the instruction provided teach mastery of the materials?:** \_\_\_\_\_

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**VI. What support services are available to students?:** \_\_\_\_\_

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**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.**

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**DISTANCE EDUCATION QUESTIONNAIRE**

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

**a) At least one learning objective.** \_\_\_\_\_

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

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**c) A method of assessment of the student's performance during instruction.** \_\_\_\_\_

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

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**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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# CONTINUING EDUCATION CONTENT/ INSTRUCTOR EVALUATION REPORT FORMS

**FORM 612A**

**OR**

**FORM 612B**

**NEVADA REAL ESTATE DIVISION**  
2501 East Sahara Avenue, Suite 102 \* Las Vegas, NV 89104-4137 \* (702) 486-4033

**LIVE CLASSROOM AND INSTRUCTOR EVALUATION REPORT**

POSTLICENSING EDUCATION    CONTINUING EDUCATION

COURSE TITLE \_\_\_\_\_  
 CE/POST # \_\_\_\_\_ HOURS \_\_\_\_\_ DATE \_\_\_\_\_  
 SPONSOR: \_\_\_\_\_  
 INSTRUCTOR: \_\_\_\_\_

I. INSTRUCTOR:	Excellent	Good	Average	Fair	Poor
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged feedback and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely start and finish of class sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control disruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. CONTENT/MATERIALS:</b>					
Clear course outcomes/learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your rating is "Average" or below, state your reasons.  
 \_\_\_\_\_  
 \_\_\_\_\_

What suggestions do you have to improve this course?  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (optional) \_\_\_\_\_ Date: \_\_\_\_\_  
 NOTE: No exceptions to this format without Division's prior approval

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**NEVADA REAL ESTATE DIVISION**  
2501 East Sahara Avenue, Suite 102 \* Las Vegas, NV 89104-4137 \* (702) 486-4033

**CONTINUING EDUCATION  
DISTANCE EDUCATION CONTENT AND INSTRUCTOR EVALUATION REPORT**

COURSE TITLE: \_\_\_\_\_  
 CE #: \_\_\_\_\_ HOURS: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DELIVERY METHOD:  CORRESPONDENCE    INTERNET    CBT    AUDIO/VIDEO  
 SPONSOR: \_\_\_\_\_  
 INSTRUCTOR: \_\_\_\_\_

I. INSTRUCTOR:	Excellent	Good	Average	Fair	Poor
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. CONTENT/MATERIALS:</b>					
Clear course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. D.E. DELIVERY METHOD:</b>					
Ease of use of technology and access to course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of times interactive with instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of times interactive with instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of difficulty with self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course structure for self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with the technology used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your rating is "Average" or below, state your reasons.  
 \_\_\_\_\_  
 \_\_\_\_\_

What suggestions do you have to improve this course?  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (optional) \_\_\_\_\_ Date: \_\_\_\_\_  
 NOTE: No exceptions to this format without Division's prior approval

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**Form 528 Checklist**

<b>Sponsor Checkbox</b>	<b>Check for all items that have been completed, are included or applicable before submitting application to the Division.</b>	<b>NRED Checkbox</b>
<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"/>	Qualifying Standards selected	<input type="checkbox"/>
<input type="checkbox"/>	Delivery Method	<input type="checkbox"/>
<input type="checkbox"/>	Subject Area of Course stated	<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 528 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"/>	Evaluation Report Form	<input type="checkbox"/>
<input type="checkbox"/>	Sample Attendance Sheet (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Sample Certificate of Attendance	<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**

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FOR NRED INTERNAL USE ONLY

Duplicate Course:  Yes  No CE# \_\_\_\_\_ Duplicate Title:  Yes  No CE# \_\_\_\_\_

Application complete and accepted:  Yes  No Date: \_\_\_\_\_ Initials: \_\_\_\_\_