

**FORM 579 – COMMUNITY ASSOCIATION MANAGER 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 116 A.232** 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

11. Select 1 requested designation: Law & Legislative Update
 General

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

13. State subject area of course, i.e. reserve studies, accounting, contracts, landscape, maintenance, fiduciary duties, etc.:

Instructor Information

14. 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 116A.230 at Sponsor’s location address given below.

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

15. 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

16. Course application fee is \$100 per application. *(see below) 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.**

**CIC 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 school / organization or 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 116A.270
- 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

Complete only for courses submitted for distance education delivery

MUST BE COMPLETED IF SPONSOR DOES NOT HAVE ARELLO OR IDECC DISTANCE EDUCATION CERTIFICATION

See NAC 116A.235

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 645.443 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 116A.190.

**CONTINUING EDUCATION
CONTENT/ INSTRUCTOR EVALUATION REPORT FORMS**

FORM 592A/592B

OR

FORM 592C/D

Form 592A

Office of the Ombudsman for Common-Interest Communities
3300 W. Sahara Ave., Suite 325, Las Vegas, Nevada 89102 * (702) 486-4033

**COMMON- INTEREST COMMUNITY
CLASSROOM CONTENT AND INSTRUCTOR EVALUATION**

POSTLICENSING EDUCATION CONTINUING EDUCATION (Check relevant box)

COURSE TITLE: _____

CAM CLASS#: _____ HOURS: _____ DATE: _____

SPONSOR: _____

INSTRUCTOR: _____

I. INSTRUCTOR:

Excellent Average Not Acceptable

Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged feedback and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed course outline	<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"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control disruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. CONTENT/MATERIALS:

Clear course outcomes/learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For "Not Acceptable" rating(s) state your reasons.

Other comments regarding the course/instructor.

Name (optional) _____ Date: _____

Form 592B

Office of the Ombudsman for Common-Interest Communities
3300 W. Sahara Ave., Suite 325, Las Vegas, Nevada 89102 * (702) 486-4033

COMMON- INTEREST COMMUNITY

CLASSROOM CONTENT AND INSTRUCTOR EVALUATION SUMMARY

POSTLICENSING EDUCATION CONTINUING EDUCATION (check relevant box)

COURSE TITLE: _____

CE#: _____ HOURS: _____ DATE: _____

SPONSOR: _____ INSTRUCTOR: _____

NUMBER OF LICENSED ATTENDEES: _____ NUMBER OF EVALUATIONS ON FILE: _____

I. INSTRUCTOR:

Excellent Average Not Acceptable

Demonstrated knowledge of course content	_____	_____	_____
Encouraged feedback and questions	_____	_____	_____
Responded satisfactorily to questions	_____	_____	_____
Gave examples to illustrate a point	_____	_____	_____
Followed course outline	_____	_____	_____
Timely start and finish of class sessions	_____	_____	_____
Preparation	_____	_____	_____
Ability to control disruptions	_____	_____	_____

III. CONTENT/MATERIALS:

Clear course outcomes/learning objectives	_____	_____	_____
Organization of materials	_____	_____	_____
Practical value of content	_____	_____	_____
Value of resource materials*	_____	_____	_____
Content and materials current	_____	_____	_____

“Not Acceptable” rating reasons: Provide licensee comments exactly as on evaluation forms.

Other comments about the course/instructor: Provide licensee comments exactly as on evaluation forms.

**COMMON- INTEREST COMMUNITY
 CONTINUING EDUCATION
 DISTANCE EDUCATION CONTENT AND INSTRUCTOR EVALUATION**

COURSE TITLE: _____

CE #: _____ HOURS: _____ DATE: _____

DELIVERY METHOD: CORRESPONDENCE INTERNET OTHER: _____

SPONSOR: _____

INSTRUCTOR: _____

I. <u>INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Applicable</u>
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. <u>CONTENT/MATERIALS:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Clear course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. <u>D.E. DELIVERY METHOD:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of use of technology and access to course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services to assist with technology and course access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was your experience with this self -paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the course structure for self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with the technology used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you asked a content related question, who responded and how quickly? Was your question answered satisfactorily?

For "Not Acceptable" rating(s) state your reasons and/or any other comments regarding the course.

COMMON- INTEREST COMMUNITY

CONTINUING EDUCATION

DISTANCE EDUCATION CONTENT AND INSTRUCTOR EVALUATION SUMMARY

COURSE TITLE: _____

CE #: _____ HOURS: _____ DATE: _____

DELIVERY METHOD: CORRESPONDENCE INTERNET OTHER:_____

SPONSOR: _____ INSTRUCTOR: _____

NUMBER OF LICENSED ATTENDEES: _____ NUMBER OF EVALUATIONS ON FILE: _____

I. <u>INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Applicable</u>
Demonstrated knowledge of course content	_____	_____	_____
Responded satisfactorily to questions	_____	_____	_____
Gave examples to illustrate a point	_____	_____	_____
Preparation	_____	_____	_____
Availability	_____	_____	_____

VI. <u>CONTENT/MATERIALS:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Clear course objectives	_____	_____	_____
Organization of materials	_____	_____	_____
Practical value of content	_____	_____	_____
Value of resource materials*	_____	_____	_____
Content and materials current	_____	_____	_____

VII. <u>D.E. DELIVERY METHOD:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Ease of use of technology and access to course	_____	_____	_____
Support services to assist with technology and course access	_____	_____	_____
How was your experience with this self -paced study	_____	_____	_____
How was the course structure for self-paced study	_____	_____	_____
Satisfaction with the technology used	_____	_____	_____

Content question asked/ who responded/how quickly/satisfactorily: List comments exactly as on evaluation forms.

“Not Acceptable” rating reasons/other comments about the course: List comments exactly as on evaluation forms.

**NEVADA REAL ESTATE CONTINUING EDUCATION
CLASSROOM ATTENDANCE VERIFICATION REPORT**

Sponsor: _____ Instructor: _____
 Course Title: _____ CE# _____ Credit Hours: _____
 Date: _____ Time: _____ Location: _____
 Signature of Instructor: _____

ATTENDEES

CERT Y/N	Name (Printed or Typed)	License Number	Sign In	Time In	Initial Out	Time Out

NOTE: NAC 645.455(3)(b)(2) Attendance Report shall be maintained by the sponsor for a period of 4 years.

Certificate of Completion
**REAL ESTATE
CONTINUING EDUCATION**

Licensee Name

License No.

has taken and successfully completed a
(insert delivery method: Correspondence, Internet, or CBT, etc. here) offering of:

Course Title

CE # _____

Approved hours

(Course Designation: Agency, Contracts, Ethics, etc.)
on

Date class offered/completed

This Course is Sponsored By (SPONSOR NAME & ADDRESS)

(ORIGINAL) Authorized Signature

**THIS COURSE IS APPROVED BY
THE NEVADA REAL ESTATE COMMISSION**

Form 579 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"/>	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"/>	Subject Area of Course stated	<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 579 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	<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 and Information Officer, Office of the Ombudsman, 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: _____