

**REAL ESTATE COMMISSION  
SPONSOR/PROVIDER APPLICATION**

**CE - 1**

NAME OF ACTIVITY SPONSOR \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSOR ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WEBSITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE OF CONTACT PERSON: \_\_\_\_\_

**SCHOOL OWNERS/DIRECTORS**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ATTENDANCE MONITORING POLICY:** Provide a statement explaining how you intend to monitor 100% attendance.  
Submit a copy of the attendance verification form.

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

**ADMISSION/REFUND POLICY:** Provide a statement explaining your admission policy and how refunds are to be made.

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

**N/A** I have enclosed the activity sponsor application fee (if applicable).

EXAM and RE-EXAM PROCEDURES (if applicable): Provide a statement explaining your exam procedure and your policy for make-up exam(s).

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METHOD OF RECORD MAINTENANCE: Provide a statement explaining your procedure for maintaining all continuing education records for a minimum of four years.

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**THE AMERICANS WITH DISABILITIES ACT (ADA).** Any private entity that offers courses or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission

I hereby certify that all information supplied herein and on all attachments is true and accurate and that this program will be conducted in compliance with the Americans with Disabilities Act (ADA). I attest that the sponsor of this activity has not had a real estate education certification revoked by any regulating entity of any state or jurisdiction.

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(Signature of Contact Person)

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(Date)