

ILLINOIS AUCTION CONTINUING EDUCATION COURSE LICENSE APPLICATION



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

446

Division of Real Estate
320 West Washington Street
Springfield, Illinois 62786
fpr.realestateeducation@illinois.gov

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Auction License Act. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator. For more information please view <http://www.ilga.gov/commission/jcar/admincode/068/06801440sections.html> Administrative Rules.

SCHOOL NAME:	SCHOOL LICENSE #:445
SCHOOL ADDRESS:	PHONE:
	EMAIL:
ADMINISTRATOR NAME:	WEB ADDRESS:
INSTRUCTOR NAME(s):	PROFESSIONAL LICENSE NUMBER(s) if applicable

Please select the type of course being applied for and course license number:

CE Mandatory (446)
 CE Elective (446)
 Sexual Harrassment Prevention Training (No Home Study)

Please enter the name of the course:

Please enter the total course hours requested:

Please select ONE delivery method for the course being applied for:

<input type="checkbox"/> Live Interactive Delivery (check all that apply) <input type="checkbox"/> Classroom <input type="checkbox"/> Interactive Webinar (Live - Simultaneous)	<input type="checkbox"/> Online Distance Learning Management System (LMS) <small>*Administrator Level User Name and Password <u>must</u> be provided</small>	<input type="checkbox"/> Home Study Home Study/Correspondence/Internet (Non-LMS)
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What type of proctored exam will this course require (Home Study/Correspondence Courses):

Paper/Written
 Digital/Internet

All course applications must include the following:

- SUBMITTED IN A LETTER SIZE (8½ X 11) FILE FOLDER LABELED WITH COURSE NAME, SCHOOL NAME AND LICENSE NUMBER TYPED ON THE FOLDER. SUBMIT SEPARATE APPLICATIONS.
- SUBMITTED A NON-REFUNDABLE APPLICATION FEE OF \$50
- INCLUDE THE MATERIALS LISTED BELOW:
 - COURSE DESCRIPTION
 - COMPREHENSIVE TIMED OUTLINE (MUST CONTAIN TIME SPENT ON EACH TOPIC AND TOTAL COURSE TIME EXCLUDING TIME SPENT ON EXAM)
 - LEARNING OBJECTIVES
 - COURSE FINAL EXAM (25 QUESTIONS FOR EVERY 3 HOURS APPROVED)
 - SEPARATE EXAM ANSWER KEY (MANDATORY)
 - COPY OF THE SCHOOLS WRITTEN PROCTOR AGREEMENT AND EXAM PROCTOR POLICY
 - ANY MATERIALS PROVIDED TO THE STUDENTS INCLUDING, TEXTBOOKS, INSTRUCTOR NOTES, POWERPOINT, ETC. MUST BE SENT VIA USB, OR HARD COPY. **EMAILED DOCUMENTS WILL NOT BE ACCEPTED**
 - INSTRUCTOR RESUME/BIO AND COPY OF LICENSE IF APPLICABLE

MAIL ALL MATERIALS TO: 320 WEST WASHINGTON STREET, REAL ESTATE - EDUCATION, 3RD FL, SPRINGFIELD, IL 62786

As an authorized representative of the licensed Education Provider, I understand that if I provide false or fraudulent information the School could be disciplined and/or fined. I read this application in its entirety and to the best of my knowledge all statements are true, correct, and accurate.

_____ Authorized Representative Signature	_____ Authorized Representative Printed Name	_____ Date
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