



# Real Estate Qualifying Education (QE) Secondary Course Application

P.O. Box 12188  
Austin, Texas 78711-2188

FEE	RECEIPT NUMBER	AMOUNT	§ TYPE	App #	File #
Processing Fee				Entity #	Course #

**DO NOT WRITE ABOVE THIS LINE**

### 1. Course Application Fees:

a) Base Fee: **\$50.00**

b) Content Review: (\$10.00 per hour):                      Number of course hours \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

AND c for classroom delivery, d for distance education delivery or **both c and d** for combination courses

c) Classroom delivery: (\$10.00 per hour):                      Number of course hours \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

d) Distance Education delivery: (\$20.00 per hour):                      Number of course hours \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

This fee will be waived for courses submitted with a current approval issued by a distance learning certification center acceptable to the Commission i.e., IDECC.

**Total Due: a) \$50.00 + b) \_\_\_\_\_ + c) \_\_\_\_\_ + d) \_\_\_\_\_ = \_\_\_\_\_**

(Note: Combination courses must be at least 50% classroom and the fee should reflect the number of hours in each delivery method.)

### 2. Secondary Provider Information:

\_\_\_\_\_  
Secondary Provider Name \_\_\_\_\_  
Provider License Number

### 3. Original Provider Information:

\_\_\_\_\_  
Original Provider Name \_\_\_\_\_  
Provider License Number

Attached is a permission letter from the original provider granting permission to the secondary provider to offer this course.

### 4. Current Course Information:

\_\_\_\_\_  
Current Course Title

\_\_\_\_\_  
Current Course Number \_\_\_\_\_  
Current Course Expiration Date

#### Approved Delivery Method:

##### Classroom

Live In Person

Live Online

##### Distance Education

Online

Correspondence

##### Combination

Classroom and Online

Classroom and Correspondence

## 5. Distance Education

a) Explain the process for verification of student identification. What methods are in place to ensure that the student registered for the course is the student completing the course?

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b) What methods are in place to ensure that the student spends the required number of hours completing this course?

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c) How will the course design and presentation ensure that the student answers all topic quiz questions correctly before being allowed to advance?

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d) What methods are available for the student to interact with a qualified instructor affiliated with this course?

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e) Provide instructions for TREC staff to access the distance education course.

Instructions are included with this application.

## 6. Required Course Documents:

- |   |   |
|---|---|
| <input type="checkbox"/> a) Completed Course Approval Form    | <input type="checkbox"/> g) Exam Question Bank                      |
| <input type="checkbox"/> b) Textbook or Course Materials      | <input type="checkbox"/> h) Method for Proctoring Final Exam        |
| <input type="checkbox"/> c) Instructor's Manual               | <input type="checkbox"/> i) Student Handouts (if applicable)        |
| <input type="checkbox"/> d) Timed Course Outline              | <input type="checkbox"/> j) Evaluation Form                         |
| <input type="checkbox"/> e) Topic Quizzes                     | <input type="checkbox"/> k) Sample of Course Completion Certificate |
| <input type="checkbox"/> f) Scenario Based Learning Exercises |   |

## 7. Request to Electronically Submit Course Documents:

If you would like to submit the course documents listed above as separate, organized files through **SharePoint**, [check this box](#) and an education specialist will contact you by email with instructions.

### CERTIFICATION STATEMENT

I certify that I am the owner or operations manager for this QE provider and that the information contained is true and correct. By signing this application, I agree on behalf of the QE provider to comply with all rules of the Texas Real Estate Commission and to timely file all course completion records as required by the rules. I understand that the approval of this course for QE credit may be withdrawn if found to be non-compliant.

\_\_\_\_\_  
Name of Owner or Operations Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner or Operations Manager

\_\_\_\_\_  
Date