



# Texas Real Estate Commission

P.O. Box 12188  
Austin, Texas 78711-2188  
Phone: (512) 936-3000 www.trec.texas.gov

## Continuing Education (CE) Course Application Supplement

To be used to register a CE course previously approved for another provider or one of the TREC non-elective CE courses.

FEE	RECEIPT NUMBER	AMOUNT	MONEY TYPE	App#	File#
Filing Fee				Entity #	Course #

DO NOT WRITE ABOVE THIS LINE

### 1. Course Application Fees include a base fee of \$50.00 plus:

- a) Content and exam review: (\$5.00 x # of hours requested \_\_\_\_\_) = \_\_\_\_\_ ; AND
- b) Classroom delivery design and presentation review: (\$5.00 x # of hours requested \_\_\_\_\_) = \_\_\_\_\_ ; AND/OR
- c) Distance education delivery design and presentation review: (\$10.00 x # of hours requested \_\_\_\_\_) = \_\_\_\_\_  
This fee will be waived for courses submitted with a current approval issued by a distance learning certification center acceptable to the Commission.

**Total Due: \$50.00 (base fee) + a) \_\_\_\_\_ + b) \_\_\_\_\_ + c) \_\_\_\_\_ = \_\_\_\_\_**

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

### 2. Provider Information (Applicant)

Provider Name \_\_\_\_\_

Provider Number(if assigned) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. Registered Course Title

### 4. Course Number

### 5. Name of Provider approved to offer this course.

Provider Number \_\_\_\_\_

6. Delivery Method: ☐ Classroom

☐ Distance Education\*

☐ Combination

☐ Online

☐ Correspondence

☐ Other

\*Include instructions for TREC staff to access any applicable online delivery.

A CE course offered through distance education must include the exam approved for this course.

7. I represent that I am the provider or provider designate and that this course is registered by the original provider. If the course is a TREC non-elective CE course, I represent that the course will be created and administered by certified instructors in substantially the same manner as disseminated and updated by the commission.

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I represent that I am the author of the above referenced course or otherwise have the authority to grant permission for the use and reproduction of the material and that the provider listed in item #2 of this form is hereby granted permission to use the course.

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_