



Montana Board of Realty Regulation
301 S. Park Ave., 4th Floor
PO Box 200513
Helena, MT 59620-0513

PHONE: 406-841-2204 ~ FAX: 406-841-2323

E-MAIL: dlibsdrre@mt.gov ~ WEBSITE: www.realestate.mt.gov

TO: Real Estate Continuing Education Provider Applicants
FROM: Board of Realty Regulation Education Committee
RE: Continuing Education Provider Application Requirements

The following is a checklist of items that you must provide to the Board of Realty Regulation for each continuing education provider application. Incomplete applications will not be reviewed.

1. Each **complete provider application** must be submitted at least 30 days prior to the first intended course date. Instructor, course, and provider applications may all be submitted at the same time.
2. Each provider application should include **a narrative or outline of your course monitoring procedures**, including the method and amount of attendance checks you make during each class, an explanation of how completion certificates are distributed, how course and instructor evaluations are distributed, collected and retained, and any other pertinent administrative information.
3. Please provide **a copy of a sample course completion certificate** which you will be giving to each attendee.
4. Please provide **a copy of a sample course evaluation form and instructor evaluation form** which you will be giving to each attendee.



Montana Board of Realty Regulation

301 S. Park Ave., 4th Floor

PO Box 200513

Helena, MT 59620-0513

PHONE: 406-841-2204 ~ FAX: 406-841-2323

E-MAIL: dlibsdrre@mt.gov ~ WEBSITE: www.realestate.mt.gov

CONTINUING EDUCATION PROVIDER APPLICATION

Fill out form below, sign and submit it, along all applicable materials to the address above.

Applications submitted without all required materials will not be considered.

PROVIDER INFORMATION:

Name of provider institution: _____

Primary Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Address _____

(Street, P.O. Box)

(City)

(State)

(Zip)

Secondary Contact(s) / Persons Who Will Monitor Courses:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

The undersigned attests that they have read and understood the duties and responsibilities

of continuing education course providers as outlined in the Provider Newsletter

(www.realestate.mt.gov : Educ: Forms):

Name

Date