

Iowa Real Estate Commission

PROVIDER APPLICATION

Mail to Real Estate Commission, 200 East Grand Suite 350 Des Moines, IA 50309 or email this completed application with all required documentation to jill.simbro@iowa.gov

You will receive an email confirmation when you have been approved which will include your expiration date. Approvals are valid for 24 months including the month of approval.

PROVIDER NUMBER (If applicable) _____

1. PROVIDER NAME _____
Name used on advertising materials
2. BUSINESS ADDRESS _____
Street City State Zip
3. Telephone: _____
4. E-mail address to contact you: _____
5. Person preparing application _____
6. Provider is a: 4 yr. College/University Community College Private School
Corporation Other
7. Evidence of compliance with or exemption from Iowa Code section 714.17 - 714.25 (Advertising & Selling Courses of Instruction in the State of Iowa) *must be received before Commission approval can be granted*. Call the Iowa College Aid Commission at 515/725-3400 or www.iowacollegeaid.gov for information and application forms.
8. Are you approved as a real estate continuing education provider in other states?
Yes No If yes, specify state(s) _____
9. 193E-17.1(11) Coordinator. Each application for approval shall designate an individual as coordinator for the provider in responsible charge of its operation who shall be the contact with the commission. The coordinator is responsible for complying with commission rules relating to providers and submitting reports and information as may be required by the commission.
Name and business address of coordinator:

10. 193E-17.1(15) Each approved provider shall establish and maintain for each individual student a complete, accurate and detailed record of instruction undertaken and satisfactorily completed in the areas of study prescribed by these rules. These records shall be maintained for a period of five years.

Name of person responsible for maintaining records and the physical address where the records will be stored:

11. What is your school policy regarding the following:

Refund policy? _____

Insufficient enrollment? _____

Incllement weather? _____

Procedure for monitoring attendance? 193E-17.2(4) _____

Successful completion of continuing education requires full time attendance throughout the program, course or activity. Those students who arrive late, leave during class or leave early may not receive certificates.

12. Persons associated with the provider authorized to sign course completion certificates.

Printed Name

Signature

13. I certify that I have examined this application and that I am either the provider or person authorized by the provider to submit this application and that the information contained herein is true and correct. By the filing of this application, the above-named education provider agrees to comply with **all** rules of the Iowa Real Estate Commission and to file all reports as required by the rules. I understand that approval to be a real estate education provider may be withdrawn for noncompliance with the rules of the Iowa Real Estate Commission.

Name

Title

Date