

RECERTIFICATION OF REAL ESTATE CONTINUING EDUCATION COURSE

Application and Recertification Procedures for Continuing Education Course

- ❖ Submit a completed application form including any updated information/ documentation for the course.
- ❖ All complete applications will be reviewed and considered by the Real Estate Commission's ("Commission") Education Review Committee. Incomplete applications will not be considered. Please allow 45 days for processing.
- ❖ Course certification expires and must be recertified prior to the end of each even-numbered year; failure to recertify will result in forfeiture of the course certification. **The recertification deadline is November 30 of each even-numbered year**
- ❖ Recertification application fee (non-refundable) - \$75 for each 3 hours of a course. The re-certification application fee for a six-hour course is \$150. Attach a check payable to "Commerce and Consumer Affairs." Include a \$10 restoration fee if course certification has forfeited (i.e., expired).
- ❖ If the course being recertified is authorized/owned by someone else (e.g. Dearborn, ARELLO), attach the completed "Written Authorization to Offer Course" form with application. This form must be signed by the Continuing Education Provider's administrator
- ❖ In lieu of the author/owner's signature on the application form, a signed letter from the author/owner giving authorization to offer the course(s) must be submitted with the recertification application, including the above "Written Authorization to Offer Course" form.

This material can be made available for individuals with special needs. Please call the Senior Real Estate Specialist at 586-2643 to submit your request.

REAL ESTATE COMMISSION
State of Hawaii
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
335 Merchant Street, Room 333
Honolulu, Hawaii 96813

FOR OFFICE USE ONLY	
Approved/Date:	Certification No.:
Denied/Date:	Credit Hours:
Cashier's Validation:	

APPLICATION FOR CONTINUING EDUCATION COURSE RECERTIFICATION

1.	Name of Elective Course:
2.	Name, Address and Phone No. of Course Author(s) or Owner: Email:
3.	Name, Address, and Phone No. of Provider: Email:
4.	Number of Credit Hours :
5.	Method of Course Delivery: <input type="checkbox"/> LIVE CLASSROOM <input type="checkbox"/> DISTANCE LEARNING (with interactive instructional techniques)

CERTIFICATION

I hereby certify that the following statements and answers on this application and any accompanying document(s) are true and correct:

1. The Course does comply with Hawaii Revised Statutes, Chapter 467 and Hawaii Administrative Rules, Chapter 99.
2. The Course is taught by an instructor who is competent and is current in his or her knowledge of the subject matter.
3. The Course is based on current information, laws, and rules.
4. The Course is taught by an instructor who meets the Commission's requirements.

I understand that any statement false or untrue, or any material misstatement of fact shall constitute grounds for refusal or subsequent revocation of certification.

SIGNATURE OF COURSE PROVIDER

SIGNATURE OF COURSE AUTHOR/OWNER

PRINT NAME OF COURSE PROVIDER

PRINT NAME OF COURSE AUTHOR/OWNER

DATE: _____

DATE _____