Print Form

CERTIFICATION OF ADMINISTRATOR OF CONTINUING EDUCATION PROVIDER

I, _____

whose residence address is _____

certify that I have the necessary requirements to act in the capacity of administrator of

_____

I shall be held responsible for the following:

a. Complying with the Real Estate Commission's ("Commission") rules relating to continuing education providers.

b. Providing reports and information as may be required by the Commission.

c. Informing the Commission of changes in provider policies, programs, personnel, facilities, fees, calendar, and all other matters changing the status of the provider as originally registered.

d. Advertising by the provider.

e. Directing and supervising the staff and instructors of the provider.

f. Assuring that the room in which each course is given complies with county building, county fire department, state health department, and Americans with Disabilities Act (ADA) requirements at the time course is given.

g. Ensuring that each instructor that teaches for the provider meets the Real Estate Commission's requirements.

h. Maintaining on file a signed Statement of Ethical Teaching Practices for each instructor who teaches for the provider.

The above statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. My qualifications to serve as administrator is confirmed by the owner of the provider or an authorized agent of the provider.

_____

Administrator's Signature

_____

Date