



BOARD OF REALTY REGULATION
301 S. PARK, ROOM 498
P.O. BOX 200513
HELENA, MT 59620-0513
(406) 444-2961~ (406) 841-2323 (FAX)

OFFICE USE ONLY:
APPROVED:
YES _____ NO _____
HRS APPROVED: _____

REQUEST FOR INDIVIDUAL CONTINUING EDUCATION CREDIT

For evaluation of a non-approved real estate related course, complete this form and return it, along with the following:

- **Outline, brochure or other documents thoroughly describing course content.**
- **Background information on the instructor(s).**
- **If offered out of state, proof that the course is approved by that state's licensing board.**
- **If offered online, proof that the course is ARELLO approved.**
- **If you have already taken the course, a course completion certificate signed by the instructor.**

LICENSEE INFORMATION

Licensee Name: _____ License #: _____

Business Name: _____

Business Address: _____ Phone#: _____
(Street) (City) (St) (Zip)

E-Mail Address: _____

SEMINAR/COURSE INFORMATION

Seminar/Course Title: _____

Location: _____ Course Date: _____
(City & State)

Instructor: _____

Total Course Hours: _____ Total Credit Hours: _____

Seminar/Course Sponsor: _____

Sponsor Address: _____ Phone#: _____
(Street) (City) (St) (Zip)

Licensee Signature

Date