



Mississippi Real Estate Commission Home Inspector Division

LeFleur's Bluff Tower, Suite 300
4780 I-55 North, Jackson, MS 39211

OR

P. O. Box 12685

Jackson, MS 39236-2685

(601) 321-6970 – Phone ♦ (601) 321-6955 - Fax

APPLICATION FOR EDUCATION COURSE APPROVAL

1. Name of provider requesting education course approval and type of course being offered, qualifying education (60 hrs. that may include field work), continuing education (must be no less than 2 hrs.) or both.

2. Business Address: _____
(No. & Street) City State Zip

3. Business Telephone: _____

4. If a corporation, give names, addresses and titles of officers. *Use additional sheet if necessary.)

Name: _____ Title: _____

Business Address: _____
(No. & Street) City State Zip

5. List names of the people authorized to act for your entity. Such acts shall be binding upon the applicant.

Names:

6. The following information must be provided for each separate course approval request (incomplete information will result in course approval delay.)

A. Course title(s) and description.

B. Address where training will take place – if unknown, indicate facility to be used.

C. Admission policy, fees charged and cancellation policies.

- D. Course syllabus shall clearly state content, learning objectives and skill which the student can be expected to learn or improve.
- E. A lesson plan, instructional outline or hourly agenda.
- F. Name, address and brief biographical information on each instructor. (Please include academic training.)
- G. Number of classroom hours requesting for each course.
- H. Any additional information that may permit a complete and comprehensive evaluation of each offering.

It is the responsibility of the approved provider to furnish each student successfully completing a course, a certificate of completion as outlined in the Home Inspector Regulatory's policy governing continuing education approval, or as required to provide proof of qualifying education.

Print Name of Provider

Signature of Provider

Title

Date