



Mississippi Real Estate Commission

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CONTINUING EDUCATION RENEWAL REQUEST

IN ORDER FOR YOUR COURSE TO BE RENEWED, YOU MUST SUBMIT THE FOLLOWING INFORMATION

Provider's Name: _____

Provider's Address: _____

Email Address: _____

Provider's Phone #: _____

Name of Course: _____

Approval Code: _____

No. Hrs. Requested: _____

Instructor(s) Name: _____

**NOTE: If instructors are different from previously approved, please submit their biographies.
*If the ARELLO Certification has expired, submit a new Certificate.***

Synopsis of Course:

**IF THERE HAS BEEN SUBSTANTIAL CHANGES TO YOUR ORIGINAL COURSE
OUTLINE OR MATERIAL PLEASE SUBMIT A NEW COURSE APPLICATION.**

Submitted By: _____

Date: _____