



# Mississippi Real Estate Commission

LEFLEUR'S BLUFF TOWER, SUITE 300  
4780 I-55 NORTH, JACKSON, MS 39211

P.O. BOX 12685  
JACKSON, MS 39236

(601) 321-6970 – Office      www.mrec.ms.gov  
(601) 321-6955 - Fax

**APPLICATION FEE \$100.00**

## MREC CONTINUING EDUCATION COURSE APPLICATION

1. Name of Provider requesting approval: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. If a corporation, give names, addresses, and titles of officers (use additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

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

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 the facility to be used.
  - C. Admission policy, fees, charges, and cancellation policies.
  - D. The course syllabus shall clearly state the content, learning objectives, and skills that 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 provide each student completing a course with a certificate of completion as outlined in the MREC's policy governing continuing education approval.

By signing this application, I agree and consent to the inspection or monitoring of any approved courses by authorized representative(s) of the Mississippi Real Estate Commission. I further agree to report any substantial material changes, including the addition or substitution of instructors in the information submitted to the MREC prior to proposed use. I agree that no advertising can be initiated before approval by MREC.

\_\_\_\_\_  
(Name of Provider)

\_\_\_\_\_  
(Signature of Provider)

**PLEASE RETURN THIS APPLICATION WITH THE APPLICATION FEE TO:**

**MISSISSIPPI REAL ESTATE COMMISSION  
P.O. BOX 12685  
JACKSON, MS 39236-2685**