



MISSISSIPPI

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
(601) 321-6955 - Fax

www.mrec.ms.gov

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. Course Title requested for Approval: _____
5. Hours Requested: ___ Elective ___ Agency Law ___ Contract Law ___ License Law
6. List names of those people authorized to act for your entity. Such acts shall be binding upon the applicant.

7. 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 requested 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**