

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

FORM 526 – REAL ESTATE CONTINUING EDUCATION COURSE APPLICATION

Date:

Sponsor Information

1. Name of Sponsor:

2. Mailing Address:

City:

State:

Zip Code:

3. Telephone:

Fax:

4. Email:

URL:

5. Contact Person:

Course Information

6. Course Title:

7. Requested Credit Hours:

8. Course Objective/Learning Outcomes:

9. Course Fee Range:

10. Select the qualifying standards in NAC 645.450 under which this course is being submitted for approval.

1a 1b 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k

2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w

11. Select 1 requested Designation:

Mandatory

Permit Holders

Electives

Agency

Property Management

General

Broker Mgmt.

Business Broker

Contracts

Ethics

Law & Leg. Update

Risk Reduction

12. Select 1 Delivery Method: Classroom Instruction

Distance Education (Select one below)

a. Internet

b. Correspondence

c. Other:

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REQUIRED as materials with course information:

13. **Course Timed Outline (526a):** An outline of topics and subtopics to be covered in increments of 20 minutes or less. For classroom courses, include break times. For distance education, include time for quizzes and final exam. **NOTE: Submit 526a to courseinfo@red.nv.gov.**
14. **Class Schedule:** Provide proposed class schedule to be confirmed on notification of course approval for NRED's online calendar of classroom CE classes. [NAC 645.4432\(4\)](#).

Instructor Information

15. List instructor applicants below and submit completed instructor application [Form 635](#) for each applicant:

Individual instructor application is required for each instructor.

Retention of Continuing Education Records

Sponsor verifies that attendance records will be retained in accordance with [NAC 645.455](#) at Sponsor's location address given below. Written notice of location change/address is required.

16. Address of location at which records will be held:

City: _____ State: _____ Zip Code: _____

Printed Name of Authorized Records Custodian

Cain Tapp
Signature

Regulatory Compliance

17. By signing and submitting this form to the Division, Sponsor agrees to comply with all Sponsor duties including, but not limited to, using:
- a. Evaluation report form [612A](#) or [612B](#), or the information prescribed in the form;
 - b. Attendance report form [740](#) or the information prescribed in the form;
 - c. Certificate of completion provided with course approval notification or the information prescribed in it;
 - d. Evaluation summary report form [612C](#) or [612D](#), or the information prescribed in the form; and
 - e. Submitting completed class rosters on form [785A](#) using instructions provided in form [785](#).

Signatures throughout, including on instructor applications must be original as defined in [NAC 645.0515](#). Photocopied signatures are not acceptable.

18. Course application fee is \$100 per application. Amount enclosed:

"I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct."

Print Name: _____ Signature: *Cain Tapp* Executed On: _____

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**APPLICATION FOR SECURE ELECTRONIC METHOD OF ADMINISTERING
FINAL EXAM FOR DISTANCE EDUCATION COURSES**

[NAC 645.443](#) allows for a written final examination to be administered by a secure electronic method in lieu of a proctored exam.

Describe your proposal for administering testing in electronic format. Your proposal should detail the procedures, methods and components you plan to utilize to secure the electronic format and the test security to assure that the person testing is the student.

Describe the elements and procedures you plan to utilize in grading the exam. Describe how the student will be notified of a pass or fail grade. What will be necessary for the student to re-test?

Please provide copies of exam(s) and answer key(s). [NAC 645.403.9](#)

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CERTIFICATE OF TEST PROCTOR

Proctor Verification

Submitting this completed form will allow (name of school) to release the exam to the proctor via fax.

Nevada Administrative Code [\(NAC\) 645.443](#) requires that a student who enrolls in a distance education program must pass a proctored, written examination. The proctor (someone over 18 who is not related to the student / see section 1 below) must complete this form and fax the completed form to:

Name of School:

Phone Number:

All sections of this form must be completed for a test to be sent to the proctor.

Instructions to proctor: Complete this form then email or fax the form.

Name of School:

will email or fax the exam to be proctored.

Name of the course taken (use the student's receipt or the title of the workbooks):

Name of the student taking the test:

The proctor certifies that:

1. I am a disinterested third party in the administration of this examination. I am not related by blood, marriage or any other relationship to the examinee that would influence me from properly administering the examination. I am not a real estate licensee nor am I affiliated with a real estate brokerage firm.
2. The student taking the exam will show me positive photo identification prior to taking and completing the examination.
3. The enclosed examination will be administered under my supervision on the following date:
4. The student received no assistance in taking the examination.
5. The test should be sent to my attention at: Fax _____ or Email _____
6. Name of School: _____ may contact me with questions via phone at the following number: _____
7. I will not permit the examination to be compromised, copied, or recorded in any way or by any method.
8. After examination is administered, I will fax/email completed examination to your school.

I hereby certify under penalty of perjury that the answers contained in this application are true and correct.

Printed Name of Proctor:

Signature of Proctor:

Address:

City:

State:

Zip Code:

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Form 526 Checklist

Please note that as of April 2019, all Course Timed Outlines must be submitted to courseinfo@red.nv.gov

Sponsor Checkbox	Check for all items that have been completed, are included or applicable before submitting application to the Division.	NRED Checkbox
<input type="checkbox"/>	Sponsor Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course objectives (1-2 measurable outcomes. May be attached if more space is required.)	<input type="checkbox"/>
<input type="checkbox"/>	Qualifying Standards selected	<input type="checkbox"/>
<input type="checkbox"/>	Requested Designation selected	<input type="checkbox"/>
<input type="checkbox"/>	Delivery Method	<input type="checkbox"/>
<input type="checkbox"/>	Retention of Records – completed and signed	<input type="checkbox"/>
<input type="checkbox"/>	\$100 Fee	<input type="checkbox"/>
<input type="checkbox"/>	Form 526 completed, signed and dated	<input type="checkbox"/>
<input type="checkbox"/>	Instructor Applications (resumes, licenses, certificates, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	ARELLO Certification or Distance Education Questionnaire	<input type="checkbox"/>
<input type="checkbox"/>	Application for Secure Electronic Method of Administering Final Exam (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Proctor (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	New requirement: Timed 2- to 3-point Content Outline submitted to courseinfo@red.nv.gov using Form 526a	<input type="checkbox"/>
<input type="checkbox"/>	Course Materials (plus videos/CDs as applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Sample Student Handouts	<input type="checkbox"/>
<input type="checkbox"/>	Sample Refund/Cancellation Policy	<input type="checkbox"/>
<input type="checkbox"/>	Description of physical facility (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Copyright Authorization Letter (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Exams, Quizzes and Answers (if applicable)	<input type="checkbox"/>

**Submit completed application, with materials and fee to:
Education Section, Real Estate Division
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102**

FOR NRED INTERNAL USE ONLY

Duplicate Course: Y N **CE Number:** **Duplicate Title:** Y N **CE Number:**

Date: **Initials:**