# REAL ESTATE CONTINUING EDUCATION (CE) COURSE SPONSOR APPLICATION

NORTH DAKOTA REAL ESTATE COMMISSION
SFN 12190 (10/2026)

1120 College Dr Ste 204
Bismarck ND 58501
Phone: (701) 328-9749
Email: ndrec@nd.gov
Website: realestatend.org

## Continuing Education (CE) Course Sponsor Application Fee - $100 non-refundable

Please submit this completed application to the NDREC at least 30 days before the course is offered.
See NDAC 70-02-04 for approved course content.

THESE ITEMS MUST BE ENCLOSED WITH THIS APPLICATION:

- Course outline by topic with time spent on each topic indicated in segments no longer than 30-minutes
- Course objective
- Evaluation form
- Copy of attendance verification form
- Application for each instructor+
- Sample CE course certificate* to be given to students upon completion of course
- Online on-demand Only: Copy of ARELLO Certification

*For Official Use Only*

| Receipt Number | Course Expires | Course Number | Course CE Hours |
|---|---|---|---|
| | | | |

| Course Title | Total Hours of Course | Requested CE Hours of Course |
|---|---|---|
| | | |

If applicable:
This course *replaces* a previously approved course that has an expiring certification.
Current course number: _____ Current course name: _____

**Course Format**

☐ Online on-demand (Asynchronous – can be taken any time) **Attach ARELLO certification for this online-only course.*

Date ARELLO Certificate Expires: _____

☐ Virtual live only (Synchronous – can be taken only at an appointed time)
Provide time and date for each time course is offered:

☐ In-classroom course only
Provide time, date and place for each time course is offered:

☐ Other, such as a hybrid (for example: offering a course both in-classroom and virtual live)
Explain:

| Course Sponsor Organization Name | | | Is this course Mandatory ☐ Yes ☐ No |
|---|---|---|---|
| Website to register for the course | Email address or phone number to register for the course, if applicable | | |
| Course Coordinator Name (First, Last) | | | Telephone Number |
| Course Coordinator Email Address | | | Date |
| Course Sponsor Organization Street Address | City | State | ZIP Code |
| Mailing Address, if different than above | City | State | ZIP Code |

| |
|---|
| Course Instructor(s) Name(s) – Attach applications for each instructor, even if the application has been submitted for a different course. Licensees who are CE course instructors can request 1 hour of CE credit for every hour as an instructor of a unique course taught this CE cycle, not to exceed 50 percent of CE required and not to replace any mandatory CE requirement. (70-02-04-16) |
| Fee Schedule/Refund Policy – Provide a statement outlining fees charged for the course and how refunds are to be made. |
| Attendance Monitoring Policy – Explain how you intend to monitor attendance and provide a copy of the attendance verification form. |
| Method of Record Maintenance – Explain your procedure for maintaining all continuing education records for a minimum of 3 years |

* *The certificate shall contain information as to the licensee's name, course title, course number, date, location of course, number of approved credit hours, and course sponsor or instructor You may also include the licensee's license number on the certificate of completion.*