



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-2412
 Phone: 603-271-2152

**REAL ESTATE EDUCATION INSTRUCTOR
 APPLICATION TO RENEW ACCREDITATION**

Accreditation Number: _____ Expiration Date (MM/DD/YYYY): _____

Full Legal Name: _____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Social Security Number*: _____

*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Designated email address*: _____

* Email address to which notices, license will be sent

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () - _____

Office/Place of business name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () - _____

Other locations where licensee routinely practices name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () - _____

ALL APPLICANTS:

Information on Current Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

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Background/Character Questions (“you” means the applicant; “not previously reported” does not include anything not required to be reported for initial licensure):

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting?		
During the last 27 months or not previously reported, have you been denied the privilege of taking an examination required for any professional license?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

Disclosure of Contact Information*:

For individuals: Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

INSTRUCTOR QUALIFICATIONS

Type of Course Instructor Accreditation Sought: Pre-licensing Core Elective

Date and Type of Previous Instructor Accreditation, if applicable: _____

For individuals seeking accreditation as a pre-licensing education instructor

1. Describe, in detail, brokerage experience qualifications or other qualifications equivalent to an active license with a minimum of 3 years of on-going experience in real estate brokerage in New Hampshire: _____

2. Describe, in detail, teaching experience qualifications or the equivalent: _____

*Per Rea 302.01(b), pre-licensing education instructors shall submit (1) documentation of at least 72 hours of teaching, speaking or presentation experience or (2) demonstration of teaching, speaking, or presentation skills, such as, but not limited to, a one-hour unedited video or DVD recording which depicts the applicant teaching pre-licensing material that includes New Hampshire state specific material.

For individuals seeking accreditation as a core continuing education instructor

1. Describe, in detail, brokerage experience qualifications or other qualifications equivalent to an active license with a minimum of 3 years of on-going experience in real estate brokerage in New Hampshire within 3 years of the date of the application: _____

2. Describe, in detail, teaching experience qualifications or the equivalent: _____

*Per Rea 302.01(c), core continuing education instructors shall submit (1) documentation of at least 72 hours of teaching, speaking or presentation experience or (2) demonstration of teaching, speaking, or presentation skills, such as, but not limited to, a one-hour unedited video or DVD recording which depicts the applicant teaching New Hampshire core course material.

For individuals seeking accreditation as an elective continuing education instructor

1. Please indicate whether you meet any of the following experience qualifications:
- a. A degree from an accredited institution related to the subject matter of the course within 3 years prior to the date of the application.
 - b. A certification from an accredited institution related to the subject matter of the course within 3

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years prior to the date of application; or

- c. Two years of on-going work experience or teaching experience or a combination of both within the previous 3 years of the date of the application that is related to the subject matter of the course. If you answer 1(a) and 1(b) in the affirmative, please provide documentation supporting your answer. If you answer 1(c) in the affirmative, please describe your work or teaching experience:

2. Describe, in detail, teaching experience qualifications or the equivalent: _____

*Per Rea 302.01(d)(2), elective continuing education instructors shall submit (1) documentation of at least 15 hours of teaching, speaking or presentation experience or (2) demonstration of teaching, speaking, or presentation skills, such as, but not limited to, a one-hour unedited video or DVD recording which depicts the applicant teaching material on the subject matter of the course.

COURSE INFORMATION

For all courses the instructor proposes to teach, please provide the following:

Course #1

1. Type of Course: Pre-licensing Core Elective
2. Course Title(s): _____
3. Course Provider: _____
4. Course Accreditation #, if applicable: _____

Course #2

1. Type of Course: Pre-licensing Core Elective
2. Course Title(s): _____
3. Course Provider: _____
4. Course Accreditation #, if applicable: _____

Course #3

1. Type of Course: Pre-licensing Core Elective
2. Course Title(s): _____
3. Course Provider: _____
4. Course Accreditation #, if applicable: _____

Required Documentation

Each applicant must provide the following with this application:

A clear explanation of the relevant circumstances of:

- (1) Any license sanctions, including fines or penalties, imposed administratively or via a court proceeding in a jurisdiction listed above; and
- (2) Any “yes” answer provided to a background and character question that is not covered by (1)

Signature and Attestation

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant’s credentials have not been suspended or revoked by any professional licensing board, unless a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant’s knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant’s Signature: _____

Date Signed: _____