



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 COURSE
APPLICATION TO RENEW ACCREDITATION**

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

APPLICANT INFORMATION BASED ON TYPE OF PERSON

For individuals:

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: () -

For entities:

Full Legal Name*: _____

*Name shown on document(s) that created the entity

Each other name used when doing business in New Hampshire: _____

Legal form (check one): Corporation LLC Professional Association Partnership

Other: _____

Jurisdiction in which formed: _____ Date of Formation (MM/DD/YYYY): _____

Primary physical address in NH: _____

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Street name & number, Suite # if any Municipality County Zip Code

NH mailing address: Check if same as physical address

IF DIFFERENT: _____
 Street name & number or PO Box number Town/City Zip Code

Main telephone number: () - _____

Designated email address*: _____

* Email address to which notices, license will be sent

Name of Authorized Individual (AI): _____

AI Telephone Number: () - AI email: _____

Other individuals authorized to interact with OPLC regarding the application, issued license (if any):

Name	Telephone Number	Email Address

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

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		

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

For entities: Do you consent to the disclosure of your designated email address? No Yes

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

COURSE INFORMATION

Type of Course: Pre-licensing Core Elective

Course Title: _____

Course Length (in hours): _____ - _____ Credit Hours Requested: _____

Method(s) of Delivery (check all that apply): Live Classroom Live Virtual
 Video Correspondence

Location(s) of Courses: _____

Name(s) of Instructor: _____

***Note, for each instructor, please complete requested Instructor Application, if not currently accredited for proposed course.

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)

Each applicant that is an entity must provide:

- (1) A copy of the legal document that authorizes the Authorized Individual identified above to sign the application on the applicant’s behalf; and
- (2) Confirmation from the New Hampshire secretary of state’s office that the entity applying for licensure is in good standing and authorized to do business in New Hampshire.

Fee

Application Processing Fee - \$100.00, per Rea 301.02(j)

If fee is paid by check or money order, the check or money order should be made payable to “Treasurer, State of New Hampshire.” If your application is denied, the Application Processing Fee will not be refunded.

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;

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- 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: _____