



**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 FOR INITIAL ACCREDITATION**

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): \_\_\_\_\_ Gender:  Female  Male  
\* To be used solely for purpose of workforce data analysis by  
New Hampshire Employment Security

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.

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Designated email address\*: \_\_\_\_\_  
\* Email address to which notices, license will be sent

If known, anticipated place of business name: \_\_\_\_\_

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

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant's primary language:  English  Other (specify): \_\_\_\_\_ Other Languages: \_\_\_\_\_

**ALL APPLICANTS:**

**Information on Current or Past Licensure\* in Other Jurisdictions:**

Jurisdiction	License Number	Date initially licensed	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):**

Questions:	Yes	No
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?		
Has any malpractice claim been made against you within the past 10 years?		

**Office of Professional Licensing and Certification  
7 Eagle Square - Concord, New Hampshire 03301  
(603) 271-2152**

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 within the past 10 years?		
Have you been denied the privilege of taking an examination required for any professional licensure within the past 10 years?		
Have you committed any act(s) within the past 10 years that would violate the laws or rules that govern the profession for which the application is being filed?		
Have you ever been found guilty or entered a plea of no contest to any felony that is related to professional practice?		
Have you been found guilty of or entered a plea of no contest to, within the past 10 years, any felony that is <b>not</b> related to professional practice, or any misdemeanor?		
Have you ever been the subject of any disciplinary action by any professional licensing authority within the past 10 years?		
Have you, within the past 10 years, been denied a license or other authorization to practice in any jurisdiction?		
Have you, within the past 10 years, surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		

**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**

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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 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**

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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: \_\_\_\_\_