

## **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 AMEND ACCREDITATION

(Although not required, to avoid administrative delays, please complete and submit this form with an updated CV/resume, when requesting to amend instructor accreditation to add an additional elective course)

Accreditation N	lumber: Expiration Date (MM/DD/YYYY):
Full Legal Nam	e:
Designated email	Suffix, such as "Jr." or "III", if any ail address*:    address to which notices, license will be sent
Please indicate taught:	whether you meet any of the following experience qualifications for the courses proposed to be
b.	☐ A degree from an accredited institution related to the subject matter of the course within 3 years prior to the date of the application. ☐ A certification from an accredited institution related to the subject matter of the course within 3 years prior to the date of application; or ☐ 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:
	COURSE INFORMATION
To amend in	nstructor accreditation to include additional elective courses, please provide the following:
2. Course	e Title(s):e Provider:e Accreditation #:

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

1. Course Provider: 2. Course Accreditation #:  Elective Course #3  1. Course Title(s): 2. Course Provider: 3. Course Accreditation #:  Elective Course #4  1. Course Title(s): 2. Course Provider: 3. Course Accreditation #:  Elective Course #4  1. Course Title(s): 2. Course Provider: 3. Course Accreditation #:  Elective Course #5  1. Course Title(s): 2. Course Provider: 3. Course Accreditation #:  Elective Course #6  1. Course Title(s): 2. Course Provider: 3. Course Accreditation #:  Elective Course #6  1. Course Accreditation #:  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 knowlingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.	Elective Course #2	
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03/2023 Page 2