



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

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

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

Please indicate whether you meet any of the following experience qualifications for the courses proposed to be taught:

- 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:

COURSE INFORMATION

To amend instructor accreditation to include additional elective courses, please provide the following:

Elective Course #1

- 1. Course Title(s): _____
- 2. Course Provider: _____
- 3. Course Accreditation #: _____

Elective Course #2

1. Course Title(s): _____
2. Course Provider: _____
3. 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 #5

1. Course Title(s): _____
2. Course Provider: _____
3. Course Accreditation #: _____

Elective Course #6

1. Course Title(s): _____
2. Course Provider: _____
3. 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 knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: _____

Date Signed: _____