NEBRASKA REAL ESTATE COMMISSION
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Trg-1

COMMISSION APPROVED TRAINING
PROVIDER, ACTIVITY, AND INSTRUCTOR APPLICATION

PROVIDER NAME:_____ DATE:_____

ADDRESS:_____ PHONE:_____

CITY, STATE, ZIP:_____

WEBSITE:_____ E-MAIL:_____

CONTACT PERSON:_____ PHONE:_____

TITLE OF CONTACT PERSON:_____

SPONSOR OWNERS/DIRECTORS:

Name_____ Address_____

City_____ State_____

Name_____ Address_____

City_____ State_____

Name_____ Address_____

City_____ State_____

TITLE OF TRAINING ACTIVITY:_____

FORMAT OF PROGRAM DELIVERY: _____LIVE CLASSROOM _____DISTANCE DELIVERY

If distance delivery, what medium is used:_____

LENGTH OF TRAINING ACTIVITY: (increments of 1 hour; minimum one 60-minute hour)_____

THIS ACTIVITY WILL BE PROVIDED AT THE FOLLOWING LOCATION:

Date: _____Location: _____or Internet___

****MAIN GOAL OR OBJECTIVE OF TRAINING ACTIVITY**:_____

_____

_____

ATTENDANCE MONITORING POLICY: Provide a statement explaining how you intend to verify student identity and monitor 100% attendance:_____

_____

METHOD OF RECORD MAINTENANCE: Provide a statement explaining your procedure for maintaining all training records for a minimum of four years. _____

_____

_____

HAS THE PROVIDER EVER RECEIVED A DISCIPLINARY SANCTION BY ANY PROFESSIONAL LICENSING OR REGULATING ENTITY OF ANY JURISDICTION?_____YES_____NO.

IF YES, PLEASE EXPLAIN:_____

_____

_____

THIS INFORMATION MUST BE SUBMITTED FOR EACH INSTRUCTOR. MULTIPLE INSTRUCTORS SHOULD USE THE Trg-3 FORM FOR ADDITIONAL INFORMATION.

INSTRUCTOR NAME:_____

TELEPHONE #_____EMAIL ADDRESS_____

MAILING ADDRESS: _____

LIST INSTRUCTOR QUALIFICATIONS AND EXPERIENCE:_____

_____

_____

HAS THE INSTRUCTOR EVER RECEIVED A DISCIPLINARY SANCTION BY ANY PROFESSIONAL LICENSING OR REGULATING ENTITY OF ANY JURISDICTION?_____YES_____NO.

IF YES, PLEASE EXPLAIN:_____

_____

_____

THE AMERICANS WITH DISABILITIES ACT (ADA): Any private entity that offers training or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission.

Provider Certification

I hereby certify that all information supplied, herein, is true and accurate and that this program will be as it is described and conducted in compliance with the Nebraska Real Estate License Act and the Americans with Disabilities Act (ADA).

SIGNATURE OF PROVIDER:_____DATE:_____

PRINT NAME OF PROVIDER:_____