## REREGISTRATION OF REAL ESTATE CONTINUING EDUCATION PROVIDER

IMPORTANT: Registration expires and must be reregistered prior to the end of each evennumbered year; failure to reregister will result in forfeiture of the registration. **The reregistration deadline is November 30 of each even-numbered year.** 

REREGISTRATION CHECKLIST FOR CONTINUING EDUCATION PROVIDERS. **Submit all of the following:** 

A completed reregistration application form. Reregistration applications must include updated information regarding policies (policy statement, student disclosure notice), procedures, personnel, advertising or promotional materials (school brochures, printed, audio, or telecommunication copy, etc.).		
Proof of existing surety bond or previously approved alternative form of security as required by Hawaii Administrative Rules (HAR) §16-99-65.		
List of courses, instructors, dates, and classroom locations for future courses.		
If there is a <b>new</b> administrator, a completed Certification of Administrator of Continuing Education Provider form and Statement of Ethical Teaching Practices form.		
Fees (2 Checks):		
Application (Nonrefundable) \$170     Compliance Resolution Fund (CRF) \$126 if registration to take effect in odd-numbered year \$63 if registration to take effect in even-numbered year.		

Include a \$10.00 restoration fee for each biennium the provider registration was forfeited (i.e., expired). For example, the provider registered two bienniums ago and did not reregister until the current biennium. The restoration fee will be \$20.00.

This material can be made available for individuals with special needs. Please call the Senior Real Estate Specialist at 586-2643 to submit your request.

REAL ESTATE COMMISSION
State of Hawaii
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
335 Merchant Street, Room 333
Honolulu, Hawaii 96813

FOR OFFICE USE ONLY		
Approved/Date:	Reg. No.:	
Denied/Date:		
Cashier's Validation:		

## APPLICATION FOR REAL ESTATE CONTINUING EDUCATION PROVIDER REREGISTRATION

	REREGIOTIVATION						
Provider's Name:							
Business Address:							
Business Telephone:							
Public	Public e-mail and/or URL:						
Provide	der's Administrator:						
Administrator's Mailing Address: Administrator's Telephone:							
Questions 1 - 3 refer to ALL of the following: the applicant provider (entity or individual); partner; officer or director of a corporation; member of the limited liability company and provider's administrator.							
1a.)	Have you ever applied for, been granted, or held a professional/vocational (including real estate) license in Hawaii or any other state?  If yes, what state, license type and license number?	YES NO					
b.)	Has an application for professional/vocational license or a real estate license ever been denied, suspended, fined, involuntarily terminated, revoked or otherwise subject to disciplinary action?						
c.)	Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing agency of any state?	YES NO					
d.)	Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing agency of any state?	YES NO					
e.)	Are there any pending disciplinary actions against you?	YES NO					
2.	During the past 20 years have you ever been convicted of a crime where there has not been an order annulling or expunging the conviction?	YES NO					

- CONTINUED ON REVERSE -

 For Cashier's Use Only
 App
 170
 905

 CRF
 \$126/\$63
 583

 Restore
 \$10
 905

 Srvc Fee
 \$25
 BCF

3.	Are there any pending law suits, unpaid judgments, outs or any other type involuntary liens against you?					
4.	Has the provider registration ever been suspended or re	voked YES NO				
AND T	FOR ANY "YES" RESPONSE, PLEASE PROVIDE INFORMATION/DOCUMENTATION ON THE DATE, PLACE AND TYPE OF COMPLAINT, CHARGE, CONVICTION, OR DISCIPLINARY ACTION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS REREGISTRATION.					
I hereby certify that the statements and answers on this application and accompanying document(s) are true and correct. I understand that any statement false or untrue, or any material misstatement of fact shall constitute grounds for refusal or subsequent revocation of registration.						
Date		SIGNATURE OF SCHOOL ADMINISTRATOR				
		PRINT NAME OF SCHOOL ADMINISTRATOR				