



**IREC use only**

Receipt #: \_\_\_\_\_

Reviewed: \_\_\_\_\_

**\$75 PROVIDER CERTIFICATION APPLICATION \$75**

This application is required for any course provider/school seeking to offer education courses to Idaho real estate licensees. Status of this application will NOT be given by phone or e-mail. Written notification will be mailed or emailed to you, or you may check IREC's Education Lookup for updated information. Allow 10 business days for processing.

**INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY RETURNED WITHOUT PROCESSING.**

**A. PROVIDER INFORMATION**

Provider Legal Name (attach file-stamped copy of authorization from the Secretary of State to do business in Idaho, if applicable)

Corporation       Partnership       Sole Proprietorship       LLC       LLP

Doing Business As (DBA) Name (if different from above) (attach file-stamped copy of certificate of assumed business name)

Physical Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address (if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. PROVIDER DIRECTOR**

Full Legal Name of Director (Individual in Charge) \_\_\_\_\_ Social Security Number (required) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Physical Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**The Provider Director must have attended a Commission-approved provider training within the two years immediately preceding this application. They will be the main point of contact for the Commission and assume responsibility for all activities of the provider.**

\_\_\_\_\_  
Date of Provider Training

**REFUND POLICY:** Because of rising costs associated with issuing a refund, it is the policy of the Idaho Real Estate Commission to refund overpayments of under \$25 only if requested in writing within 30 days of the Commission's receipt of the overpayment. Overpayments of \$25 or more will be automatically refunded to the licensee. There will be a \$20 fee assessed for each check returned for insufficient funds.

**C. FOR THE DIRECTOR OR INDIVIDUAL IN CHARGE**

Have you ever had a real estate or other professional or occupational license suspended or revoked for disciplinary reasons or been refused a renewal of a license issued by any state or jurisdiction?

NO  YES (attach explanation and copy of final order/judgment)

Have you ever been convicted, issued any fine, placed on probation, received a withheld judgment, or completed any sentence of confinement for or on account of ANY felony or a misdemeanor involving fraud, misrepresentation, or dishonest or dishonorable dealing in a court of proper jurisdiction? ("Convicted" means a plea of *nolo contendere* or guilty, a jury verdict of guilty, or a court decision of guilt, whether or not a judgment or sentence has been imposed, withheld, or suspended.)

NO  YES (attach explanation and copy of final order/judgment)

**D. REQUIRED ATTACHMENTS - Incomplete applications will be immediately returned without processing.**

CHECKLIST	REQUIRED ATTACHMENTS	IREC USE ONLY
	\$75 non-refundable fee (check or credit card authorization form)	
	Authorization to do business in Idaho and/or certificate of assumed business name, if applicable (Section A)	
	Copy of provider refund policy—how will you handle requests for refunds?	
	Copy of provider cancellation policy—how will you handle cancellations if you must cancel or reschedule the course?	
	Copy of provider make-up work policy—how will you handle make-up work?	
	Explanation of how you will maintain confidentiality and security for end-of-course exams and answer keys.	
	Explanation on how you intend to monitor and ensure 100% attendance in compliance with IREC's attendance policy (the current version of the policy can be found at <a href="http://irec.idaho.gov">irec.idaho.gov</a> ).	
	Sample course completion certificate (MUST include student's full legal name, provider name, course title, course approval number, course date(s), course delivery method, approved credit hours and signature of the provider director)	
	Explanation and copy of final order/opinion/judgment, if applicable (Section C)	
	Copy of driver's license or other document showing legal name of Director or Individual in Charge	

The Applicant acknowledges certain course materials may contain proprietary documents or information that is the property of private persons or entities (including but not limited to Idaho REALTORS® Legal Forms) and are therefore limited to use in an educational environment and may be subject to further protections outlined under terms immediately preceding those specific materials. Applicant agrees to recognize and not infringe upon such copyright or other intellectual property rights.

I hereby appoint the Executive Director of the Idaho Real Estate Commission to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. I hereby consent that any lawful process against me that is served upon the Executive Director shall be of the same legal force and validity as if served upon me and that this authority shall continue in force so long as any liability remains outstanding in the state of Idaho.

**I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any changes in ownership, provider location, or provider name, or named individual in charge at least one (1) month in advance of the effective date of the proposed change(s). (Idaho Code 54-2027(9))**

**I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any change of my personal name, address of personal residence, or personal telephone number within ten (10) days of the change. (Idaho Code 54-2012(1)(k))**

I certify that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Director Signature

**NOTARY REQUIRED**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Signed (or attested) before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Individual (applicant)

\_\_\_\_\_  
Signature of Notary

*notary seal*