

STATE OF WEST VIRGINIA
REAL ESTATE COMMISSION
300 CAPITOL STREET, SUITE 400
CHARLESTON, WV 25301
304.558.3555
<www.wvrec.org>

CONTINUING EDUCATION INSTRUCTOR APPLICATION

NAME _____

ADDRESS _____ WORK PHONE _____

_____ HOME PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

COURSES I WISH TO TEACH:

COURSE PROVIDER(S) FOR WHOM I WILL INSTRUCT:

I HAVE HAD THE FOLLOWING EDUCATION:

I HAVE ATTENDED A REAL ESTATE INSTRUCTOR DEVELOPMENT WORKSHOP:

___YES ___NO If YES, When: _____ Where: _____
Sponsored by: _____

I HAVE HAD THE FOLLOWING EMPLOYMENT EXPERIENCE:

I HAVE HAD THE FOLLOWING EXPERIENCE TEACHING ADULTS:

I HOLD THE FOLLOWING LICENSES AND DESIGNATIONS:

_____	Date first issued _____
_____	Date first issued _____
_____	Date first issued _____
_____	Date first issued _____

REFERENCES:

1. Name _____	Phone _____
Address _____	Association with applicant _____
_____	_____
2. Name _____	Phone _____
Address _____	Association with applicant _____
_____	_____
3. Name _____	Phone _____
Address _____	Association with applicant _____
_____	_____
4. Name _____	Phone _____
Address _____	Association with applicant _____
_____	_____

I attest to having qualities of honesty, integrity and trustworthiness. I have not had any real estate license or instructor certification revoked or suspended, or had a real estate license or instructor certification renewal denied by any regulating entity of any state. I have not been convicted of, or entered a plea of nolo contendere to any criminal offense. I have not had any civil judgement entered against me based on fraud, misrepresentation or deceit. I attest that the information provided on this application is true and correct.

Signed _____ Date _____

In order for this application to be considered for approval, you must attach a current detailed resume.