

HOME INSPECTOR COURSE LICENSE APPLICATION



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

453-454

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

fpr.realestateeducation@illinois.gov

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Home Inspector License Act {225 ILCS 441}. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator. For more information please view <http://www.ilga.gov/commission/jcar/admincode/068/06801410sections.html> Administrative Rules.

Education Provider Name:	Education Provider License #: 452.
Education Provider Address:	Phone:
	Email:
Administrator Name:	Website Address:
Course Instructor Name(s):	Instructor's Home Inspector License Number(s) (if applicable):

Please select the type of course being applied for:

- Pre-License (453) CE Mandatory (454) CE Elective (454) Sexual Harassment Prevention Training
(No Home Study/Correspondence)

Please enter the name of the course - only one course per application (80 characters maximum):

Please enter the total course hours requested:

Please select ONE delivery method for the course being applied for:

<input type="checkbox"/> Live Interactive Delivery (check all that apply) <input type="checkbox"/> Classroom <input type="checkbox"/> Interactive Webinar (Live - Simultaneous)	<input type="checkbox"/> Online Distance Learning Management System (LMS) <small>*Administrator Level User Name and Password must be provided</small>	<input type="checkbox"/> Home Study Home Study/ Correspondence/Internet (Non-LMS)	<input type="checkbox"/> Hybrid Course Combination of Live Classroom/Webinar and Online Distance (Home Study may NOT be used)
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What type of proctored exam will this course require (Home Study/Correspondence Courses):

- Paper/Written Digital/Internet

All course applications must include the following:

- SUBMITTED IN A LETTER SIZE (8½ X 11) FILE FOLDER LABELED WITH COURSE NAME, EDUCATION PROVIDER NAME AND LICENSE NUMBER TYPED ON THE FOLDER. SUBMIT SEPARATE APPLICATION AND CHECK FOR EACH COURSE.
- SUBMIT A **NON-REFUNDABLE** APPLICATION FEE OF \$150.00 FOR EACH PRE-LICENSE COURSE, \$100 FOR EACH CE COURSE. A separate check and application is required for each course.
- INCLUDE THE MATERIALS LISTED BELOW:
 - COURSE DESCRIPTION
 - COMPREHENSIVE TIMED OUTLINE (MUST CONTAIN TIME SPENT ON EACH TOPIC AND TOTAL COURSE TIME EXCLUDING TIME SPENT ON EXAM)
 - LEARNING OBJECTIVES
 - COURSE FINAL EXAM (MANDATORY FOR CE COURSES AND HOME STUDY/CORRESPONDENCE)
 - SEPARATE EXAM ANSWER KEY (MANDATORY FOR CE COURSES AND HOME STUDY/CORRESPONDENCE)
 - COPY OF THE EDUCATION PROVIDER'S WRITTEN PROCTOR AGREEMENT AND EXAM PROCTOR POLICY (MANDATORY FOR HOME STUDY/CORRESPONDENCE)
 - ANY MATERIALS PROVIDED TO THE STUDENTS INCLUDING, TEXTBOOKS, INSTRUCTOR NOTES, POWERPOINT, ETC. MUST BE SENT VIA USB, DVD OR HARD COPY. **EMAILED DOCUMENTS WILL NOT BE ACCEPTED**
 - RESUME/BIO OF THE COURSE INSTRUCTOR, AND COPY OF THEIR CURRENT HOME INSPECTOR LICENSE(S) HELD IN ANY STATE (If Applicable)

MAIL ALL MATERIALS TO: IDFP - REAL ESTATE EDUCATION, PO BOX 7570, SPRINGFIELD, IL 62791

As an authorized representative of the licensed Education Provider, I understand that if I provide false or fraudulent information the Education Provider could be disciplined and/or fined. I read this application in its entirety and to the best of my knowledge all statements are true, correct, and accurate.

Authorized Representative Signature

Authorized Representative Printed Name

Date