



**HOME INSPECTOR CONTINUING EDUCATION COURSE APPLICATION**

454

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Real Estate  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, IL 62786  
800/560-6420

Important notice: Completion of the form is necessary to make application for a continuing education course outlined in Article 20 of the Home Inspector Act. (225 ILCS 441) and the Administrative Rule (68 Ill. Adm. Code Part 1410). Failure to complete the application may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

SCHOOL NAME

SCHOOL LICENSE NUMBER

EMAIL ADDRESS:

COURSE NAME

HOURS REQUESTED \_\_\_\_\_ MANDATORY COURSE  ELECTIVE COURSE

PLEASE CHECK THE BOX WITH THE APPLICABLE DELIVERY METHODS FOR YOUR COURSE

CLASSROOM  HOME STUDY/CORRESPONDENCE

INTERNET DELIVERY (Learning Management System (LMS))  OTHER DELIVERY METHOD

IF YOU HAVE CHECKED THE BOX "OTHER DELIVERY METHOD", PLEASE EXPLAIN BELOW:

PLEASE ALLOW SIX (6) WEEKS FOR PROCESSING THIS CONTINUING EDUCATION COURSE APPLICATION

ALL COURSE SUBMISSIONS MUST INCLUDE:

1. A NON-REFUNDABLE APPLICATION FEE OF \$50.00
2. THE MATERIALS LISTED BELOW:
  - COURSE DESCRIPTION
  - COMPREHENSIVE OUTLINE  
(OUTLINE MUST CONTAIN LENGTH OF TIME SPENT ON EACH TOPIC)
  - EXAM (25 QUESTIONS FOR EVERY 3 HOURS OF INSTRUCTION)
  - EXAM ANSWER KEY
  - ALL MATERIALS TO BE PROVIDED TO THE STUDENTS SUCH AS COMPLETE POWERPOINT, LOGIN/PASSWORD, TEXTBOOK ECT.
  - STATEMENT OF EXAM PROCTORING METHOD (FOR DISTANCE & HOME-STUDY DELIVERY)
  - LICENSE NUMBER AND/OR /RESUME OF INSTRUCTOR (S)

I certify that I am the individual and/or representative responsible for making application for a continuing education course. I have read and understand the Home Inspector License Act (225 ILCS 441) and the Administrative Rule (68 Ill. Adm. Code 1410) and that the courses offered by this education provider for continuing education credit will comply with the criteria in the Home Inspector License Act and Administrative Rule.

\_\_\_\_\_  
Signature of Person(s) Responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Person(s) Responsible

**MAIL APPLICATION AND FEE TO:**

Illinois Department of Financial and Professional Regulation  
Division of Real Estate  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, IL 62786