# ILLINOIS AUCTION CONTINUING EDUCATION COURSE LICENSE APPLICATION

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

Division of Real Estate  
320 West Washington Street  
Springfield, Illinois 62786  
fpr.realestateeducation@illinois.gov

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**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in the Illinois Auction License Act. 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/068/06801440sections.html](http://www.ilga.gov/commission/jcar/admincode/068/06801440sections.html) Administrative Rules.

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## School Information

<table>
<thead>
<tr>
<th>SCHOOL NAME:</th>
<th>SCHOOL LICENSE #:445</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL ADDRESS:</td>
<td>PHONE:</td>
</tr>
<tr>
<td>ADMINISTRATOR NAME:</td>
<td>WEB ADDRESS:</td>
</tr>
<tr>
<td>INSTRUCTOR NAME(s):</td>
<td>PROFESSIONAL LICENSE NUMBER(s) if applicable</td>
</tr>
</tbody>
</table>

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### Please select the type of course being applied for and course license number:

- [ ] CE Mandatory (446)
- [ ] CE Elective (446)
- [ ] Sexual Harrassment Prevention Training (No Home Study)

### Please enter the name of the course:

Enter the total course hours requested: ______

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

- [ ] Live Interactive Delivery (check all that apply)
- [ ] Online Distance
- [ ] Home Study

**Learning Management System (LMS)**

- *Administrator Level User Name and Password must be provided*

**Home Study/Correspondence/Internet (Non-LMS)**

- Administrator Level User Name and Password must be provided

### What type of proctored exam will this course require (Home Study/Correspondence Courses):

- [ ] Paper/Written
- [ ] Digital/Internet

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All course applications must include the following:

- [ ] SUBMITTED IN A LETTER SIZE (8½ X 11) FILE FOLDER LABELED WITH COURSE NAME, SCHOOL NAME AND LICENSE NUMBER TYPED ON THE FOLDER. SUBMIT SEPARATE APPLICATIONS.
- [ ] SUBMITTED A NON-REFUNDABLE APPLICATION FEE OF $50
- [ ] 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 (25 QUESTIONS FOR EVERY 3 HOURS APPROVED)
  - [ ] SEPARATE EXAM ANSWER KEY (MANDATORY)
  - [ ] COPY OF THE SCHOOLS WRITTEN PROCTOR AGREEMENT AND EXAM PROCTOR POLICY
  - [ ] ANY MATERIALS PROVIDED TO THE STUDENTS INCLUDING, TEXTBOOKS, INSTRUCTOR NOTES, POWERPOINT, ETC. MUST BE SENT VIA USB, DVD OR HARD COPY. **EMAILD DOCUMENTS WILL NOT BE ACCEPTED**
  - [ ] INSTRUCTOR RESUME/BIO AND COPY OF LICENSE IF APPLICABLE

**MAIL ALL MATERIALS TO:**

320 WEST WASHINGTON STREET, REAL ESTATE - EDUCATION, 3RD FL, SPRINGFIELD, IL 62786

As an authorized representative of the licensed Education Provider, I understand that if I provide false or fraudulent information the School 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