



FEE \$50.00

West Virginia Real Estate Commission
300 Capitol Street, Suite 400
Charleston, WV 25301
304.558.3555
<https://rec.wv.gov>

CONTINUING EDUCATION PROVIDER APPLICATION

Provider Name: _____

Mailing Address: _____
(Street/PO Box) (City) (State) (ZIP Code)

Website: _____ Phone: _____

Contact Name: _____ Contact Email: _____

Contact Title: _____ Contact Phone: _____

PROVIDER OWNER/DIRECTORS

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

PROVIDER POLICIES/PROCEDURES

Please provide a copy of the following:

- Attendance monitoring policy and verification form.
- Method of record maintenance.
- Refund policy.

I, _____, (print full name) certify that I am authorized to execute this document on behalf of the provider and that the information provided in this application and all its attachments are true and accurate and comply with all laws and regulations that govern continuing education in West Virginia, and the WV Real Estate Commission's authorized representatives may appear to inspect or monitor any course.

Authorized Signature

Date

Print Name

Title