

KENTUCKY REAL ESTATE COMMISSION

656 Chamberlin Avenue, Suite B

Frankfort, KY 40601

Phone: 502-564-7760 or 1-888-373-3300 Fax: 502-564-1538

Website: krec.ky.gov

Out-of-State Continuing Education Compliance Form

KREC requires six (6) hours of continuing education every calendar year. Three (3) of the six (6) hours must be in law.

The Kentucky Core Course is required once every four (4) years. The KREC License Verification at krec.ky.gov displays the year that you must take the Kentucky Core Course.

The course that you are submitting for Out-of-State continuing education credit must be approved for continuing education credit in the jurisdiction in which you attended the course.

KREC will only accept distance learning courses and providers that have been ARELLO certified.

The course must have been completed within the current calendar year (January 1-December 31) in order to qualify.

KREC will NOT accept courses that are motivational or considered to be personal development in nature, such as general computer skills, personal management/marketing skills courses, identity theft, etc. or "Diversity" or "Ethics" classes, as law courses, or state specific law courses for other states.

The KREC reserves the right to accept out-of-state courses in accordance with its statutes and regulations. Continuing education in Kentucky must benefit the consumers of Kentucky requiring out-of-state courses to meet KREC's minimum standards. You may be requested to provide a timed outline of the out-of-state course you submit. All courses must meet our content outline. If the course is not acceptable, you will be notified.

PLEASE SUBMIT A COPY OF THE COURSE COMPLETION VERIFICATION PROVIDED TO YOU BY THE SPONSOR OF THE COURSE. This form and the verification form must be submitted to KREC prior to December 31st to receive credit for the year in which the course was completed. Course verification must include:

Your name	Course name/location	Course number (if applicable)	Number of hours completed
Date of course	Provider's name	Provider's signature	Jurisdiction where course is approved

(Please Print in Ink or Type)

Name: _____ KY License # _____ Last 4 digits of SS # _____
(First, Middle, Last)

Number of hours requested: _____ Law _____ Elective

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

Principal Broker: _____

Mail, fax or email this form along with a copy of your course verification.