



Course Provider Application

Directions: Please complete all sections of this application and attach proof of approval to teach continuing education courses in your state. Upon completion please return this application to REBAC, Attn: Dawn Headtke, 430 N Michigan Ave, Chicago, IL 60611.

Association/Board/School Name

Address

City State Zip Code

Country

Phone Number Fax

E-mail Web site

Assoc./Board/School Owner Years in Operation

Assoc./Board/School Contact Approved to teach Continuing Ed Courses? Yes No

Assoc./Board/School Admin. Which States?

Number of required CE hours required in your State

Does your school offer distance learning? Yes No If Y, who is the online provider?

of post-license students taught in past year # of pre-license students taught in past year

of full-time instructor # of part-time instructors

of permanent facilities # of locations courses are offered

Do you market products (other than education) to your students? Yes No

Instructor

Topics taught

Designations held

References

Please provide three references who are familiar with your and/or your school's teaching.

Name

Email Phone Number

How they know you

Name

Email Phone Number

How they know you

Name

Email Phone Number

How they know you

I hereby affirm that the information provided in this application is, to the best of my knowledge, accurate.

Signature:

Name (Print) _____

Title _____

Date _____