

**ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION**  
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**BOARD USE ONLY**  
 CK or MO # \_\_\_\_\_  
 Date CK/MO \_\_\_\_\_  
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 R# \_\_\_\_\_  
 Posted by \_\_\_\_\_  
 APP Processed by \_\_\_\_\_  
 APP Reviewed by \_\_\_\_\_

**FORM 2060 – REAL ESTATE PRE-LICENSURE DISTANCE EDUCATION**  
**NEW PROGRAM OF STUDY WITH ARELLO CERTIFICATION**

**Fee \$60**

Complete one (1) form for each Program of Study to be offered. The program cannot be advertised until the Arkansas State Board of Private Career Education grants licensure.

<b>NAME OF SCHOOL</b>				
<b>ADDRESS (MAILING)</b>				
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>
<b>TELEPHONE NUMBER</b>		<b>TOLL-FREE NUMBER</b>		
<b>WEBSITE</b>		<b>E-MAIL ADDRESS</b>		
<b>FAX NUMBER</b>				
<b>NAME OF ADMINISTRATIVE OFFICIAL</b>				
<b>PROGRAM TITLE</b>				
<b>COST OF COURSE TO STUDENT</b> \$				

**A. INSTRUCTORS**

Have/Has the instructor(s) for this program outline previously been approved?  **YES**  **NO**  
 If **NO**, submit **FORM 3040 – REAL ESTATE INSTRUCTOR RECORD OF QUALIFICATIONS** with appropriate fee.

**B. ATTACH A COPY OF YOUR CERTIFICATION SUMMARY FROM ARELLO FOR THIS COURSE.**

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form and to ARELLO, including attached sheets, are true, complete, and accurate. I also certify that this program will be provided in the manner as submitted to and certified by ARELLO.

Printed Name of Official		Title	
Signature of Official <b>(Sign in Blue Ink)</b>		Date	