

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
501 WOODLANE, SUITE 312 SOUTH
LITTLE ROCK, AR 72201
PHONE (501) 683-8000
FAX (501) 683-8050
E-MAIL sbpce@arkansas.gov
WEBSITE www.sbpce.org

BOARD USE ONLY
 CK or MO # _____
 Date CK/MO _____
 Rec'd \$ _____
 R# _____
 Posted by _____
 APP Processed by _____
 APP Reviewed by _____

**FORM 2060 – REAL ESTATE PRE-LICENSURE DISTANCE EDUCATION
 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.

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

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		Date	