C O N T I N U I N G • E D U C A T I O N

GREEN HOME STUDY

For licensees who do not require printed material.
Complete your CE requirements at home with these programs!

Only $19.95

ELECTIVE COURSES

- ❍ APP531 ..... Estimating the Value of Real Prop.
  (#564000657) - 3 Hours Elective
- ❍ PM612 ..... Leasing Residential Property
  (#564001798) - 3 Hours Elective
- ❍ ETH1528 .... The Golden Rule: Code of Ethics
  (#564001686) - 3 Hours Elective
- ❍ FI1198 ..... Real Estate Investing 101
  (#564001280) - 3 Hours Elective

CORE "A" COURSES

- ❍ COR1651 ... Agency, License Law & Escrow
  (#564001716) - 3 Hours Core A

CORE "B" COURSES

- ❍ COR1662 ... Legal Issues: Disclosure Issues for Landlords
  (#564001825) - 3 Hours Core B
- ❍ COR1663 ... Legal Issues: Why Go To Court
  (#564001848) - 3 Hours Core B

Cost

One Course (3 hrs.) $19.95
Two Courses (6 hrs.) $39.90
Three Courses (9 hrs.) ... $59.85
Four Courses (12 hrs.) ... $79.80

There is no additional cost for the local Association to proctor the exam.

Instructions

- **Although you may purchase multiple courses on the same day, testing may only be administered for 2 courses (6 hours) per day. You may not test the same day courses are purchased.**
- Once you've carefully read the course material and you're ready to take the exam, call 688-8591 to schedule a test appointment.
- After taking the exam, you'll receive your test results directly from IAR.
- Students should retain all original Certificates of Completion. They are evidence of satisfactory completion of CE credits in the event of an audit.
- One retake is permitted, by law, for failed CE exams. There is no charge.
- All Home Study Courses should be taken by June of each year, as the course material is renewed at that time by the State, and some courses may be discontinued. Once discontinued by the State, testing will not be permitted.
- **Please Note:** It could take from 45-60 days for courses to appear on the IDFPR website.

Registration Form

Name: _____

Office: _____

License Number: _____

E-mail Address: _____

Address: _____

City, State, Zip: _____

Mobile Phone: _____

Fax Number: _____

Date of Birth: _____ / _____ / _____

❑ **Check enclosed, payable to "IAR"**

❑ **Charge, $ _____ to my credit card.**

Visa or Mastercard Card Number:

Expiration Date:

Signature: _____

ILLINOIS ASSOCIATION OF REALTORS®

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