

# **Instructions for Completing Form 2090b**

## **Request for Course Evaluation - FREC**

### **Requestor Information**

- a) Identifying Number – If you are a licensed real estate school, this will be your permit number; if you are a board approved Provider, this is your seven digit reporting number.
- b) Name information – This is to be filled out by your point of contact.
- c) Organization name – This is the name that appears on your school license or provider permit.

### **Business Mailing Address**

This is where all correspondence concerning this application will be mailed.

### **Contact Information**

This is the most direct way for our staff to communicate with the person within your organization responsible for submitting this application (your point of contact). This information is not given to the public; it is strictly used for communications concerning your application.

### **Physical Business Address**

If your mailing address is different from your physical location, you will need to fill this section out.

### **Course Information**

The combination of course type and delivery mechanism dictate what material you must submit to the department for evaluation. Each course will be evaluated for one type/delivery method per application. If you intend to offer this course for more than one type/delivery method combination you will need to submit a separate application for each combination.

- a) Type of Education – This is where you select the educational requirement your course is intended to fulfill.
  - Continuing Education – Real estate licensees have two continuing educational requirements: “Specialty” credit and “Law” credit. Courses can be created that fulfill each requirement separately or fulfill both at once. Only permitted schools can teach the “Law” credit.
- b) Delivery Mechanism – Application requirements for delivery method depend on what type of educational credit you are requesting. When filling out this application, please indicate how this course will be presented to the students.
- c) Application Type – This indicates how you want to have your application evaluated by the department.
  - New – This is for an initial request to have a course approved under your School/Provider.
  - Renewal – This is to have a course renewed. Please note renewals can only be submitted 90 days prior to a courses expiration date. If your course approval has lapsed or will lapse within 30 days of submitting the application you will need to file a new course application.
  - Update - This is used if you have made significant changes to your course and need to have it evaluated by the department prior to the 90 day renewal period.
- d) Course Title – This is the course name that will appear on any correspondence concerning this application, as well as on your approval letter.
- e) Course Number – This is a seven digit number assigned by the department and only relevant for Update and Renewal applications.
- f) Hours Requested – The number of hours your course is to be evaluated/approved for.
- g) Title of Course Material – This information will appear on several different approval letters and is vital if you are using a course that was created by a course developer/publisher.

### **Required Signatures**

Real Estate School requires Permit Holder’s signature and Provider requires Point of Contact’s signature.

DBPR RE-2090b – Request for Course Evaluation - FREC  
**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0750  
 Customer Contact Center: 850.487.1395  
[www.myfloridalicense.com/dbpr](http://www.myfloridalicense.com/dbpr)

REQUESTOR INFORMATION (permit holder or point of contact)				
Identifying Number (school permit or provider number – if applicable)				
Last Name	First	Middle	Title	Suffix
Organization name				
BUSINESS MAILING ADDRESS				
Street Address or P.O. Box				
Suite or Office Number				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Phone Number		E-Mail Address		
PHYSICAL BUSINESS ADDRESS				
Street Address or P.O. Box				
Suite or Office Number				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
COURSE INFORMATION				
<b>Type of Education (choose only one):</b> <input type="checkbox"/> Sales Associate Pre-Licensure <input type="checkbox"/> Sales Associate Post-Licensure <input type="checkbox"/> Broker Pre-Licensure <input type="checkbox"/> Broker Post-Licensure <b>Continuing Education:</b> <input type="checkbox"/> Law <input type="checkbox"/> Specialty <input type="checkbox"/> Combination Law and Specialty		<b>Delivery Mechanism (choose only one):</b> <input type="checkbox"/> Class Room Delivery (Pre, Post and CE) <input type="checkbox"/> Distance Education (Continuing Education Only) <input type="checkbox"/> Distance Ed. Internet Delivery (Pre/Post Only) <input type="checkbox"/> Distance Ed. CD-ROM (Pre/Post Only) <input type="checkbox"/> Other: _____ _____ _____		
Application Type (choose only one) <input type="checkbox"/> - NEW <input type="checkbox"/> - RENEWAL <input type="checkbox"/> - UPDATE				
Course Title				
Course Number (Updates and Renewals only)			Hours Requested	
Title of Source Material				

**Permit Holder/Point of Contact:**  
 I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Permit Holder or Authorized Signator: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Submitted by (signature): \_\_\_\_\_ Date: \_\_\_\_\_