

PRE-LICENSE INSTRUCTOR CERTIFICATION

RE 336 (Rev. 8/14)

INSTRUCTOR CERTIFICATION CRITERIA

One Form Per Instructor

Instructors must have credentials issued by the Board of Governors of the California Community Colleges or by a comparable California teacher-credentialing agency or meet the qualifications established in Sections 53400 et seq. of Title 5. The Commissioner may approve instructors who in his or her judgment meet the qualifications, or who otherwise evidence their teaching qualifications by education or experience or a combination of the two. The minimum qualifications are a Bachelor's Degree (with any major) and two years of professional experience, or any associate degree and six years of professional experience in the real estate profession. Additional qualification information can be reviewed at the California Community Colleges Chancellor's Office Web site.

An instructor shall not teach a course if the instructor:

1. Does not satisfy the aforementioned criteria.
2. Has engaged in any violation of Article 24 (commencing with Section 3000) of these Regulations or has engaged in conduct which would have warranted the denial of an application for approval or withdrawal of approval of an equivalent course of study.
3. As a real estate licensee, has had that license suspended, revoked or restricted as a result of disciplinary action.
4. Acted or conducted himself or herself in a manner which would have warranted the denial of his or her application for a real estate license.

Certification

I have attached documentation substantiating the instructor's qualifications (i.e. copy of diploma).

I hereby certify that all instructors conducting a presentation of this course have met the instructor qualifications and criteria as set forth above and as contained in Commissioner's Regulation 3000 through 3004.

I, _____, declare under penalty of perjury that the foregoing is true and correct. Signed in the City of _____, State of _____, this ____ day of _____, 20 ____.

PRIMARY CONTACT SIGNATURE ➤		DATE
PRIMARY CONTACT NAME (LAST, FIRST, MIDDLE)		TITLE OF PRIMARY CONTACT
COURSE PROVIDER NAME		STATUTORY CalBRE SPONSOR ID NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
COURSE TITLE		
INSTRUCTOR SIGNATURE ➤		DATE
INSTRUCTOR NAME (FIRST, LAST, MIDDLE)		CalBRE LICENSE NUMBER (IF LICENSED)