

Texas Real Estate Commission

Education & Examinations Division

QE Provider Annual Fee Application Checklist

Provider Name: _____

Provider License #: _____ Provider Expiration Date: _____

1. Provider Information:

Complete all fields

2. Operations Manager:

Complete all fields

3. Background Information:

Answer all legal questions

Complete a Background History Form, for **YES** answers

4. Authorized Signers:

Name and signature of individuals authorized to sign education credit forms and certificates for provider

5) Advertisement:

Provide advertising materials used within the last year or screen shots of website content

Clearly reflects the provider name, course titles, course numbers and number of credit hours. If fees are charged, fees are displayed in a clear and consistent manner.

No prohibited practices - see [§535.65\(c\)](#)

Certification Statement:

Name and signature of Operations Manager