



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING

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**APPLICATION FOR INITIAL APPROVAL AND RENEWAL OF APPROVAL OF EDUCATION PROVIDER  
FOR PRE-LICENSING AND CONTINUING EDUCATION OFFERINGS – 645A or 645F**

Dear Education Provider Applicant:

The completed Application for Initial Approval and Renewal of Approval of Education Provider for Pre-Licensing and Continuing Education Offerings ("Application") should be submitted to the Division of Mortgage Lending ("Division"). If the course meets the standards for pre-licensing and continuing education as defined in the Nevada Revised Statutes ("NRS"), Nevada Administrative Code ("NAC") and/or applicable regulations, and all required items have been submitted to the Division, the course materials will be screened for completeness and reviewed by the Division.

In order to be processed, an Application must be submitted as complete and must contain all required items listed below. **Incomplete Applications will not be processed.** Where allotted space on this Application is exceeded, include additional information as a clearly labeled attachment.

- Read the instructions on the Application before completing.
- Complete forms in full. Sign and date (dates to be current) all forms where applicable. Submit the Application with all course materials (hard copies) (see pages 3 and 4 of this Application).
- A checklist of required items is provided on page 2 for your convenience. Check the boxes to ensure that the required forms and materials are included before sending your Application to the Division.
- Annual Renewal with Changes: Pre-licensing and continuing education course approvals expire annually on December 31<sup>st</sup>. Changes to approved course content and/or materials and a tentative course calendar must be submitted with an Application at least 5 weeks before the previous approval expires.
- Annual Renewal without Changes: Pre-licensing and continuing education course approvals expire annually on December 31<sup>st</sup>. If approved course content and/or materials have not changed since approved by the Division, an approved Education Provider shall complete items 1-5 on the Application, sign and date the Application, complete, sign and date the Certification of Renewal, provided on page 7 of this Application, and submit a tentative course calendar.

Mail or deliver a completed Application for Initial Approval and Renewal of Approval of Education Provider for Pre-Licensing and Continuing Education Offerings and all required items to the Division at the address above.

## Application Checklist

### Required Education Provider Documentation:

- Application for Initial Approval and Renewal of Approval of Education Provider for Pre-Licensing and Continuing Education Offerings.
- If the Education Provider will be providing pre-licensing education, copy of license issued by the Commission on Post-Secondary Education pursuant to Chapter 394 of NRS.
- Sample Certificate of Completion. The certificate must include the following:
  - The name of the education provider.
  - The authorized signature of education provider.
  - The title of the course.
  - The delivery method (live or online/distance).
  - The student's complete name and license number, if applicable.
  - The course dates, number of course hours completed on each date, the date the certificate of completion was generated and the identity of the person who generated the certificate.
  - A statement that "This Course is Approved by the Division of Mortgage Lending."
  - The number of hours of credit of each course and the area of education.
- Course material (hard copy, plus videos, CDs, power point presentations, etc., as applicable).
- Itemization of all writings (including course material and handouts) which the Education Provider will provide to students prior to commencement of the course.
- Copy of course material and handouts which the Education Provider will provide to each student during the course.
- Sample Attendance Sheet.
- Sample Instructor/Course Evaluation Form.
- Tentative schedule of courses for one year (including the dates, times and locations of classes). You may estimate the tentative course dates if not known at the time the application is submitted.
- Copy of each examination to be used and correct answer for each question.
- Sample refund/cancellation policy.

## APPLICATION FOR INITIAL APPROVAL AND RENEWAL OF APPROVAL OF EDUCATION PROVIDER FOR PRE-LICENSING AND CONTINUING EDUCATION OFFERINGS

(To Be Completed By Education Provider Applicant.  
Use attached explanation form if additional space is needed.)

### Required Information:

Please print or type:

1. Name of Education Provider: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_
4. E-Mail: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_
6. Type of Education Provider and a description of its facilities: \_\_\_\_\_  
\_\_\_\_\_

7. Ownership of the Education Provider, including the names and addresses of all directors, principals, officers and others having interests as owners:

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8. List of instructors:

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9. Title(s) of course(s) to be offered, area(s) of education (see below), and number of hours of instruction for each area of education, method of delivery of instruction (live or on-line). Include a hard copy of the course materials. Law-designated courses require handouts of relevant laws pertaining to the subject matter.

	<u>Title of Course</u>	<u>Area of Education</u>	<u>No. of Hours</u>	<u>Live or On-Line</u>
a.				
b.				
c.				
d.				

10. Detailed timed course outline (reflecting allotment of time for each area of education):

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11. A tentative schedule of courses:

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12. Titles, authors and publishers of all required textbooks and course materials. Indicate if materials have been copyrighted and by whom copyrighted:

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13. The purpose of the Education Provided: \_\_\_\_\_

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14. Fees to be charged by the Education Provider: \_\_\_\_\_

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15. The days, times and location of classes: \_\_\_\_\_

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16. Numbers of quizzes and examinations: \_\_\_\_\_

17 Description of Grading System, Including the Methods of Testing and Standards of Grading:

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18. Requirements for Attendance: \_\_\_\_\_

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19. Education Providers are required to maintain a record of each student's or licensee's attendance and course certifications for 4 years after his enrollment and shall have such records open to inspection by the Division. The records must contain the following information:

- The name of the student or licensee in attendance and the number of his license.
- The hours of instruction attended and the dates of attendance by the student or licensee.
- A statement that the student or licensee has successfully completed the course, if applicable.
- The title and number of the course.

Education Providers must provide written notice of address changes to the Division at the address above.

20. Location of students' records:

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21. Detailed description of the Education Provider's procedures to ensure that the student to whom a certificate of completion is issued is the individual who completed the course:

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22. Detailed description of the Education Provider's procedures to ensure that the student is present in the classroom or at his computer, completing the course for the entire duration of the course:

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23. Detailed description of the Education Provider's procedures to ensure that the student will receive credit for completing only the number of hours of education for which he is being given credit:

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24. Detailed description of the Education Provider's procedures for distance courses to ensure that the student cannot fast forward, or advance, to the end of a course and receive a certificate of completion without completing the requisite number of hours of education for which he is being given credit:

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25. I certify that neither the Education Provider nor any instructor employed by the Education Provider has been disciplined by any governmental agency or entity in Nevada or any other state at any time.

26. I certify that the education course(s) will not be provided free of charge as an inducement for students or their employers to utilize the services of the Education Provider for any mortgage-related activities.

27. I consent to auditing and/or evaluation of the course(s) by authorized representatives of the Division or its designee(s).

28. I agree to report to the Division any material changes to the information contained in this Application within 15 days after the occurrence and prior to presenting the courses(s).

29. I agree to retain attendance records for at least 4 years from the date of the offering.

30. I agree to provide accurate, completed certificates of completion, with authorized signatures, only to students who have completed the entire number of hours of instruction for which the student is being given credit.

31. I agree to comply with the provisions of Chapter 394 of NRS regarding obtaining and maintaining a license issued by the Commission on Post-Secondary Education if the Education Provider will be offering pre-licensing education.

32. I certify that the Education Provider has met all applicable requirements in law.

33. I certify that the course materials reflect current law and the marketplace. I further certify that the Education Provider will update the course materials, and submit the same to the Division for approval, at least annually to reflect all applicable changes in law and the marketplace.

I declare under penalty of perjury under the laws of the State of Nevada that I have read the foregoing and it is true and correct.

Name of Education Provider Applicant (print or type): \_\_\_\_\_

Name of Person Authorized to Submit Application (print or type): \_\_\_\_\_

Signature of Person Authorized to Submit Application: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION OF RENEWAL OF APPROVAL OF EDUCATION PROVIDER FOR  
PRE-LICENSING AND CONTINUING EDUCATION OFFERINGS**

I hereby declare there have been no material changes in the information provided to the Division by the Education Provider, since the approval issued by the Division on \_\_\_\_\_ (enter date of last approval by the Division).<sup>1</sup>

I declare under penalty of perjury under the laws of the state of Nevada that I have read the foregoing and it is true and correct.

Names of Education Provider Applicant (print or type): \_\_\_\_\_

Name of Person Authorized to Submit Application (print or type): \_\_\_\_\_

Signature of Person Authorized to Submit this Certification of Renewal:

\_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> The Division reserves the right to request any of the documentation outlined on the Education Provider Documentation Application Checklist.

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question Number	Explanation



**SAMPLE**  
**DIVISION OF MORTGAGE LENDING**  
**ATTENDANCE VERIFICATION REPORT**

Education Provider: \_\_\_\_\_

Title of Course: \_\_\_\_\_

CE No.: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Instructor: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**ATTENDEES**

Name (print)	License No.	Form of Identification	Sign In	Time In	Time Out

**PRE-LICENSING AND CONTINUING EDUCATION OFFERINGS  
CLASSROOM / INSTRUCTOR EVALUATION REPORT**

Title of Course: \_\_\_\_\_

CE No.: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

1. Instructor:	Excellent	Good	Average	Fair	Poor
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged feedback and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aided the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely start and finish of class sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusive of diverse student background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation and presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control disruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Content/Materials:	Excellent	Good	Average	Fair	Poor
Clear course and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your rating is "average" or below, state your reasons.

What suggestions do you have to improve this course?

Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: No exceptions to this format without the Division's prior written approval.