

## CE Provider Application Checklist - Reinstatement

Provider Name: \_\_\_\_\_

### 1. Provider Information:

- Complete all fields
- List other states where provider is approved to offer real estate, inspector or ERW CE courses, if applicable

### 2. Course Information:

- Proposed location of classes, check all that apply
- Source of curriculum listed, must be name of individual or organization

### 3. Operations Manager:

- Complete all fields
- Complete a [Principal Information Form](#)

### 4. Records Manager:

- Complete all fields

#### For Out-Of-State Applicants:

- Include notarized Power of Attorney

### 5. Business Information:

- Select one business type

Using an Assumed Name?  Yes  No

- If YES, include a copy of recorded assumed name certificate

#### For Corporations or LLCs

- Complete all fields and include the following:
  - Franchise Tax Account Status Page (chartered in Texas)
  - Certificate of Fact (chartered in another state)
- [Principal Information Form](#) for each individual listed

#### For Trade Associations:

- Complete all fields and include the following:
  - Copy of formation documents and IRS letter
  - List of board of directors and their terms of service
- [Principal Information Form](#) for each individual listed

**6. Background Information:**

- Answer all legal questions
- Complete a [Background History Form](#), for **YES** answers

**7. Advertising:**

- Sample of advertisement that 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)

**8. Authorized Signers:**

- Name and signatures of individuals authorized to sign CE education credit forms for provider

**Certification Statement:**

- Name and signature of Owner (required)
- Name and signature of Operations Manager (required)