

*** Required information**

Sample
Certificate of Continuing Education

This Certifies that

***Student Name**
***License Number**

Has successfully completed ***# Hours on *Date of Course Completion** in

***Course Title for Module *Module #**

For Licensure Period: *Dates of Licensure Cycle

As Approved by the Delaware Real Estate Commission

Signature(s)
of Instructor or Administrator

***Course Provider Name, *Course Provider Approval #**

***Instructor Name, *Instructor Approval #**

School Code ***Pre-licensing Course Provider School Code (issued by Testing Service)**

*** Required information**

Sample Re-issued
Certificate of Continuing Education

This Certifies that

***Student Name**
***License Number**

Has successfully completed ***# Hours on *Date of Course Completion in**

***Course Title for Module *Module #**

For Licensure Period: *Dates of Licensure Cycle

As Approved by the Delaware Real Estate Commission

Signature(s)
of Instructor or Administrator

***Course Provider Name, *Course Provider Approval #**

***Instructor Name, *Instructor Approval #**

School Code ***Pre-licensing Course Provider School Code (issued by Testing Service)**

Reissue Date: _____