LABOR LICENSING REGULATION

South Carolina
Department of Labor, Licensing and Regulation

Real Estate Commission

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Henry D. McMaster
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Director

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ALTERNATIVE CE DELIVERY APPROVAL FORM

Provider Name:_____ Provider Number:_____

COURSE TITLE	COURSE #	HOURS	DELIVERY METHOD

PROVIDER CONTACT(PRINT) _____ PHONE_____ EMAIL _____

I (Provider) understand that alternative delivery of my provider's classroom continuing education will be approved by the South Carolina Real Estate Commission on a temporary basis until December 31, 2021. I agree to provide Commission Staff/Inspectors access to audit the content and delivery method of the temporary approved alternative delivery education courses.

PROVIDER AUTHORIZED REP SIGNATURE _____ DATE_____

PROVIDER AUTHORIZED REP NAME(PRINT) _____