CONTINUING • EDUCATION

# HOME STUDY

## ELECTIVE COURSES

- ❍ ETH1524 .... Real Estate Ethics
  (#564001134) - 3 Hours Elective
- ❍ FI1103 ..... Property Taxes in Illinois
  (#564001384) - 3 Hours Elective
- ❍ FI1152 ..... Short Sales, Foreclosures, Loss Mitigation & More
  (#564001847) - 3 Hours Elective

## CORE "A" COURSES

- ❍ COR1654 ... A Study of the Illinois License Law
  (#564001718) - 3 Hours Core A
- ❍ COR1661 .... Agency, License Law & Escrow-Keeping It EZ
  (#564001821) - 3 Hours Core A

## CORE "B" COURSES

- ❍ COR1655 ... Legal Issues: Disclosure & Antitrust
  (#564001820) - 3 Hours Core B
- ❍ COR1658 ... Legal Issues: Disclosure
  (#564001119) - 3 Hours Core B

## Costs

**MEMBER**
**Each 3 hour Course $40.00**

**NON-MEMBER**
**Each 3 hour Course $55.00**

## Instructions

- **Although you may purchase multiple courses on the same day, testing may only be administered for 2 courses (6 hours) per day. You may not test the same day courses are purchased.**
- Once you've carefully read the course material and you're ready to take the exam, call 688-8591 to schedule a test appointment.
- After taking the exam, you'll receive your test results directly from IAR.
- Students should retain all original Certificates of Completion. They are evidence of satisfactory completion of CE credits in the event of an audit.
- One retake is permitted, by law, for failed CE exams. There is no charge.
- All Home Study Courses should be taken by June of each year, as the course material is renewed at that time by the State, and some courses may be discontinued. Once discontinued by the State, testing will not be permitted.
- **Please Note:** It could take from 45-60 days for courses to appear on the IDFPR website.

## Registration Form

Name: _____

License Number: _____

E-mail Address: _____

Address: _____

City, State, Zip: _____

Mobile Phone: _____

Date of Birth: _____ / _____ / _____

❑ **Check enclosed, payable to "PAAR"**

❑ **Charge, $ _____ to my credit card.**

**Visa, Mastercard or Discover Card Number:**

**Expiration Date:**

Signature: _____


PAAR
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