



ARKANSAS REAL ESTATE COMMISSION

Phone: (501) 683-8010 Fax: (501) 683-8020

AREC 3/2024

GUEST SPEAKER APPROVAL FORM

PART I - GUEST SPEAKER PERSONAL INFORMATION:

Name of Guest Speaker: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Topic(s) to be presented: _____

PART II - SCHOOL INFORMATION:

Main School

Branch School

School Name: _____ School Phone: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Fax: _____

As Principal Instructor, I hereby authorize this guest speaker to instruct along with an approved instructor with the above school.

Principal Instructor Name (Please Print)

Instructor License Number

Principal Instructor Signature

Date

COMMISSION USE ONLY	
Receipt #	_____
Date Paid	_____

GUEST SPEAKER APPROVAL FORM (cont'd)

PART II - GUEST SPEAKER EMPLOYMENT HISTORY:

Panel member and guest speakers shall have a minimum of five (5) years of on-the-job training in the preceding 6 years in the subject matter being presented. Complete the following to show the five (5) years of on-the-job training related to the subject you will be presenting. A resume may not be substituted for this form.

Place of Employment: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name under which employed: _____

Start date: _____ End Date: _____

Title or Position Held: _____ Supervisor's Name: _____

Describe work experience as related to program presenting: _____

Place of Employment: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name under which employed: _____

Start date: _____ End Date: _____

Title or Position Held: _____ Supervisor's Name: _____

Describe work experience as related to program presenting: _____

GUEST SPEAKER APPROVAL FORM (cont'd)

Place of Employment: _____

Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name under which employed: _____

Start date: _____ End Date: _____

Title or Position Held: _____ Supervisor's Name: _____

Describe work experience as related to program presenting: _____

Place of Employment: _____

Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name under which employed: _____

Start date: _____ End Date: _____

Title or Position Held: _____ Supervisor's Name: _____

Describe work experience as related to program presenting: _____

Place of Employment: _____

Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name under which employed: _____

Start date: _____ End Date: _____

Title or Position Held: _____ Supervisor's Name: _____

Describe work experience as related to program presenting: _____
