



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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