

WR Education
DISTANCE LEARNING EDUCATION
AFFIDAVIT STATEMENT

This form must be submitted to Washington Association of REALTORS® to receive credit for courses taken.

STUDENT NAME: (PLEASE PRINT) _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

COURSE TAKEN: _____

This portion must be completed to receive credit:

How many hours did it take to finish the course? _____

Was your assessment of your clock hours inclusive of homework assignments? If yes, then break down the seat time. _____

Did the course have periodic measures of time spent and progression towards completion? _____

Did the delivery method allow interactivity with an instructor? Was the instructor available? _____

I hereby certify that I did in fact complete the course work and watch the entire video.

Signature required

Date signed

To file a complaint regarding any education issues, you can download the Education Complaint Form from the following website: www.dol.wa.gov/forms/620013.htm

DISCLAIMER: No denial of full continuing education credit for the subject course may occur as a result of completing this evaluation form.

MAIL OR FAX THIS AFFIDAVIT STATEMENT TO Washington Association of REALTORS® TO RECEIVE
A RETURN CERTIFICATE. ADDRESS AND FAX NUMBER ARE BELOW.

Washington Association of REALTORS® ~ 504 East 14th, Suite 200
Olympia, WA 98507-0719 ~ FAX: 360-357-6627

