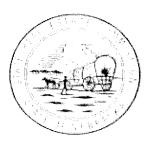
NEBRASKA REAL ESTATE COMMISSION PO Box 94667 Lincoln, NE 68509-4667



Phone: 402-471-2004 Fax: 402-471-4492

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NOTICE OF TRAINING SCHEDULING Tra-2 PROVIDER NAME: Omaha Area Board of REALTORS® TRAINING ACTIVITY TITLE: Taming The Email Beast LOCATION OF TRAINING: OABR Office 11830 Nicholas Street Omaha NE 68154 _____time of training: 9:00am DATE OF TRAINING: 4-25-19 LENGTH OF TRAINING: 3 hours THE AMERICANS WITH DISABILITIES ACT (ADA) Any private entity that offers training or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission. **Provider Certification** I hereby certify that this program will be taught as it was submitted to and recognized by the Nebraska Real Estate Commission and conducted in compliance with the Nebraska Real Estate License Act and the Americans with Disabilities Act (ADA). PRINT NAME OF CONTACT PERSON: Donna M. Shipley NAME OF TRAINING FIRM: Omaha Area Board of REALTORS® E-MAIL: Donna@OmahaREALTORS.com PHONE NUMBER: 402-619-5551 Additional Broker Certification I hereby certify that I have reviewed the content of this training program and have deemed it to be appropriate training for those real estate licensees affiliated with my broker license and for whom I am professionally responsible. By signing this document I recognize that satisfactory completion of this program may serve to meet the training requirements of the Nebraska Real Estate Commission as stated in NEB. REV. STAT. §81-885.51. SIGNATURE OF DESIGNATED BROKER:______DATE:_____ PRINT NAME OF DESIGNATED BROKER:

NAME OF REAL ESTATE FIRM:

PHONE NUMBER: _____E-MAIL: _____