

NEBRASKA REAL ESTATE COMMISSION  
1200 N Street, Suite 402  
PO Box 94667  
Lincoln, NE 68509-4667



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### NOTICE OF TRAINING SCHEDULING

Trg-2

PROVIDER NAME: Omaha Area Board of Realtors  
TRAINING ACTIVITY TITLE: Advanced Paragon  
LOCATION OF TRAINING: 11830 Nicholas St Omaha Ne 68154  
DATE OF TRAINING: 7-14-15 / 7-15-15 TIME OF TRAINING: 1:00 pm  
LENGTH OF TRAINING: 3 hours

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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.  
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#### 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).

SIGNATURE OF PROVIDER: Donna M Shipley DATE: 6-8-15  
PRINT NAME OF PROVIDER: Donna M Shipley  
NAME OF TRAINING FIRM: Omaha Area Board of Realtors  
PHONE NUMBER: 402-619-5551 E-MAIL: Donna@omharealtors.com

#### 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: \_\_\_\_\_