



Professional Regulation Commission

**COMPLETION REPORT
REAL ESTATE SERVICE TRAINING PROGRAM**

Date Filed: _____

Reference No.: _____

Training / Program Provider:	
Accreditation No.	Validity:
Address:	
Tel. No.:	Fax No.:
E-Mail Address	Website:

Title of Training / Program:	
Program Accreditation No.:	Date of Accreditation:
Date Started:	Date Completed:
Venue:	
Supporting Documents: <input type="checkbox"/> List of Participants <input type="checkbox"/> Results of Evaluation (Summary)	

<p>Certified Correct By:</p> <p>_____</p> <p>Signature over Printed Name</p> <p>_____</p> <p>Position</p> <p>_____</p> <p>Date</p>	<p>Reminder: Completion Report must be submitted within fifteen (15) working days after the training / program.</p> <p>Must be prepared and submitted in two (2) sets with the List of Participants to Standards and Inspection Division.</p>
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