Online Salesperson Examination Application



601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

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Applicability: Online salesperson exams are <u>available only to students who enrolled in the salesperson licensing course on or after August 1, 2024</u>. Students who enrolled prior to August 1, 2024 are not eligible to write the online exam.

Registration: Complete this exam application and email it to Pam Crane, Licensing Officer, licensing@nsrec.ns.ca. You will be invoiced by email to pay the \$114 exam fee. Once you receive the invoice, log in to the NSREC Licensee Portal to pay the fee.

Scheduling: Once received a copy of your receipt and the Online Salesperson Exam Instructions, use the instructions to prepare your exam space and schedule your exam.

PART A APPLICANT INFORMATION						
LAST NAME (AS IT APPEARS ON YOUR GOVERNMENT ISSUED PHOTO ID)				FIRST NAME (AS IT APPEARS ON YOUR GOVERNMENT ISSUED PHOTO ID)		
ADDRESS						
CIT	Y			PROVINCE		POSTAL CODE
PRIMARY PHONE				ALTERNATE PHONE		
EMAIL ADDRESS						
TYF	PE OF COURSE COMPLETED In Class	Online	HAVE YOU WRITTEN THE EX		IF YES, WH	IEN?:
PART B DECLARATION						
	In accordance with the By-law, I have completed the licensing course prior to submitting this exam application.					
	I understand that I must apply for the exam, be invoiced, and log in to the NSREC Licensee Portal and pay the exam fee.					
	I I enrolled in the Salesperson Licensing Course on or after August 1, 2024.					
	I understand that I am responsible for ensuring my exam workspace and equipment comply with ProctorU requirements.					
	I will follow the instructions of the exam proctor when I write my exam.					
	I understand that if I miss my scheduled exam or cancel less than 24 hours before the exam is scheduled, I forfeit the exam fee and will have to pay an additional exam fee to reschedule my exam.					
	I understand that my exam session will be recorded and attempting to cheat on the exam or copy exam questions will result in forfeiting the exam attempt, the exam fee, and may jeopardize my eligibility to write a supplementary exam or become licensed.					
	I understand that submitting false information on an application to the Commission may jeopardize my eligibility to become licensed					
APPLICANT'S SIGNATURE						