

**Commonwealth of Massachusetts  
Division of Insurance  
Continuing Education Program**



**Provider Information Packet**

Administrative Services Provided by Prometric

**PROMETRIC™**

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# Commonwealth of Massachusetts Continuing Education Program Provider Information Packet

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# Commonwealth of Massachusetts Division of Insurance Continuing Education Program Introduction

The Commonwealth of Massachusetts has contracted with Prometric, to perform continuing education (CE) provider and course review services on behalf of the Massachusetts Division of Insurance (the Division). Prometric handles all transactions and inquiries for approving providers and courses. Prometric also handles roster and schedule submissions, calculates compliance and provides transcripts to producers. **The Division processes all transactions relating to producer name and address changes, license renewals and letters of certification.**

Providers may use Prometric's Web site ([www.prometric.com](http://www.prometric.com)) to submit rosters for completed courses, verify compliance by requesting individual or multiple transcripts, obtain approved course lists and schedule classes. Prometric will send course renewal notices 60-90 days before expiration.

**Classroom course offering schedules must be submitted to Prometric only. If submitted to the Division they will be returned.** See page 24 for the form and details. Prometric conducts in-person, on-site audits based on course offering schedules. Providers may enter, edit and view course offering schedules using Prometric's Web site.

Providers and producers may call Prometric at **800.742.8731** for information.

Prometric's service staff is available to handle calls from 8:00 a.m. to 6:00 p.m., Eastern Time, Monday through Friday. Individuals may request specialized lists of approved courses using the Web site.

## Producer Credit Requirements

**All licensed resident producers in Massachusetts who do not qualify for an exemption must meet the following credit requirements:**

**Sixty (60) hours of continuing education instruction is required during the first thirty-six (36) month period following the date of initial licensure.**

**Forty-five (45) hours of continuing education instruction is required for subsequent thirty-six (36) month reporting periods (a triennium).**

**The following individuals are exempt: Non-resident producers with reciprocity, and those on military active duty.**

**Grandfather Clause: All individuals licensed prior to April 4, 1983 are exempt from CE requirements as long as they remain continuously licensed. Individuals licensed prior to April 4, 1983 who subsequently amend their license by adding additional lines of authority, which require an examination, are then subject to CE requirements. (211 CMR 50.04(b)).**

## Fees

Course Fee:	\$40
Course Renewal:	\$40 (2 years from date of approval)
Provider Registration:	No fee is required
Rosters:	\$ .75 per credit per student on rosters reported by paper \$ .50 per credit per student on rosters reported by Internet

Use the Fee Worksheet on Page 25 to prepare your payment.

**All payments may be made using American Express, Visa or MasterCard.**

More information, including the material in this packet, is available on Prometric's Web site at **www.prometric.com**. Any of the materials in this packet may be photocopied.

For further information, contact Prometric:

Phone:	<b>800.742.8731</b>
Fax:	<b>800.735.7977</b>
E-mail:	<b>Pro.ce-services@prometric.com</b>
Web site:	<b>www.prometric.com</b>

## Commonwealth of Massachusetts Division of Insurance Continuing Education Program Requirements

The Commonwealth of Massachusetts Division of Insurance has adopted the following requirements. See Page 8 for information on sanctions for non-compliance.

### General Program Requirements

1. All requests for course approval must be submitted at least 30 calendar days in advance of the requested approval date.
2. If an approved course is canceled or a student cancels in advance, the provider must refund all fees within 45 days of the cancellation unless a different refund policy is printed on the provider's materials.
3. The class must be held in a facility that complies with the Americans with Disabilities Act.
4. For courses/programs of instruction to qualify, they must:
  - be offered by an approved provider;
  - contribute to the professional competence of a producer;
  - be submitted using the appropriate application form and with the appropriate fee for each course;
  - have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
  - use the most recent forms filed in Massachusetts, editions and laws to the extent possible;
  - include methods which will be employed by the provider for the improvement of the course;
  - include a bibliography of reference sources; and
  - meet all other CE laws.
5. Only courses that have been approved by Prometric or previously approved by the Division may be offered for Massachusetts CE credit. **No course may be conducted for credit until it has been approved.**
6. No course may be advertised or otherwise promoted as appropriate for Massachusetts CE credit until it has been approved in writing. If the course has been submitted, but not yet approved, it may be advertised as "Massachusetts CE Credits Applied For." This must be prominently displayed in advertising copy, pamphlets, brochures or any other mode of advertisement. Do not advertise the amount of credits applied for.
7. When a course has been approved for continuing education credit and is advertised, the advertisement shall include:
  - the provider name and course title as they appear on the application for provider approval;
  - the type of licensee for whom the course would be most applicable;
  - the number of Massachusetts-approved CE credit hours;
  - whether an exam is required in order to receive CE credit;
  - no guarantees that the student will pass a required exam;
  - no false, deceptive or misleading statements; and
  - all fees and associated expenses.
8. Once approved, a course may not be substantially altered. A substantial alteration is any change that would modify the content or time allocations stated in the course syllabus or would change any of the course topics.
9. Providers may not change a course's content or outline without prior written approval. Failure to obtain written approval in advance of the course may result in a denial of CE credit for the course.

10. Sixty minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for CE credit. Meals may not be served while classroom courses are in session.
11. Each course must be a minimum of two credit hours with the exception of multi-session, full-day seminars/workshops but the total CE seminar workshop must be a minimum of two hours. Individual sessions within such meetings may be approved for one credit. Individual course approval applications and fees must be submitted for each. A separate course number will be issued for each course. It is the provider's responsibility to monitor attendance and submit the appropriate class roster and fees.
12. No partial credit for partial attendance is allowed.
13. Providers must agree to inform Prometric of the date, time and location of each classroom session, conference and convention, at least 15 days prior to presenting. Failure to submit course offering schedules may result in the denial of credit to participants in sessions not properly reported to Prometric. Further, Prometric must be notified immediately when a change is made in date, time and/or location. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked.
14. Providers must maintain accurate attendance records for each course. Providers must verify the identification of producers who attend approved courses and must obtain all producers' signatures on a sign-in sheet. Only students meeting attendance requirements may receive credit for course completion.
15. Providers are required to report course completion rosters, within 30 calendar days of course completion, to Prometric. The roster must include the name and identification number of each producer. Providers must distribute course completion certificates to all individuals who meet the requirements of the CE course within seven days of the conclusion of a course. The certificate must contain the name and identification number of the producer, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by each producer, and the name and identification number of the provider. Providers who fail to report course completion rosters in a timely manner may be subject to sanctions for non-compliance.
16. Providers must verify each instructor's relevant qualifications and maintain these records in the event of an audit. Instructor information should be indicated on the course approval application. After the initial approval of a course, instructor information does not need to be submitted to Prometric.
17. Any licensed person teaching any approved course of instruction at any approved seminar shall receive the same credit as is granted to all persons attending and successfully completing each course. Credit will be granted once in each triennium for each course taught.
18. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Division and/or its designees, in an official capacity, may audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters and other aspects of instruction. These auditors will not be interfered with while conducting or attempting to conduct an audit. Audits will be conducted with minimal disruption. Providers agree that auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant Prometric and the Division the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records. **Failure to grant access will automatically result in suspension.**
19. Providers must keep all records pertaining to its Massachusetts CE activities for a minimum of six years.

## **Qualifying/Non Qualifying Course Subjects**

20. For courses to qualify, they must be of a formal program of learning, which contributes directly to the professional competence of a producer. **The following subjects/topics may qualify:** Massachusetts insurance law and regulations; insurance coverages/plans; advanced underwriting, estate financial planning; risk management; ethics; employee benefit plans; loss prevention and control; errors & omissions/malpractice loss prevention; assigned risk; claims procedure; policy replacement; taxation; actuarial mathematics and statistics; pensions and profit sharing; executive and personnel compensation; courses leading to insurance designations, i.e.; AAI, ARM, CEBS, ChFC, CFP, CFC, CIC, CLU, CPCU, FIC, FICF, FLMI, FSPA, LUTC, RHU, and REBC.

21. **The following subjects/topics may not qualify:**

- Any course used to prepare for taking an insurance license exam;
- Basic/Introductory courses that may be at the level of a pre-licensing course and does not have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
- Computer science and automation courses;
- Motivational, sales training, or psychology courses;
- Communication, relationship building;
- Prospecting, marketing, planning;
- Courses which are primarily intended to impart knowledge of specific products of specific companies;
- Coverage forms not approved or not used in Massachusetts (e.g. ISO Personal Auto Policy);
- Office procedures, administrative matters, personnel issues;
- Service standards;
- Investment and other courses which do not show a direct connection to insurance;
- Time management;
- Courses on compliance (NASD/SEC);
- Service vendors;
- Courses on stocks, bonds, or mutual funds;
- Courses on Section 529;
- Materials related to the above.

### Classroom Courses

22. Students attending classroom courses in preparation for a professional designation exam may receive credit for the classroom hours or exam, but not both.

### Self-study Courses (including video, Internet, and computer-based courses)

23. Self-study examinations must be proctored by an approved disinterested third-party and graded by the course provider. The proctoring process must ensure that the examination will be completed by the student, **on a closed-book basis without assistance**, and that the specified conditions of administration are observed.

24. Examinations by an insurance company may be administered or proctored by a disinterested party.

25. Self-study courses must include a proctored examination to receive credit. The proposed exam will be approved with the course. Self-study exams must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to a suggested maximum of 75 questions for very large courses. It is suggested that all questions should be four-alternative multiple-choice or completion format and that the use of True/False questions be avoided. All course materials are required to be submitted with the application. Credit hours will be determined by the estimated time it will take a student to study the material, adjusted by the percent of the course content that is acceptable as CE. **Credit will be allowed only if the student receives a grade of 70 percent or greater on the examination.**

26. The completion date for a self-study course will be the date the exam was taken and passed.

27. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. In addition, **Providers must obtain prior approval for Internet exams from the Division.** The exam may be presented via the Internet but it must be completely separated from the text while the exam is being presented. The proctor must be physically present as the student takes the exam. The same affidavit requirement for proctors is in effect. Providers must provide Prometric with the means to verify the exam procedures.

28. Any correspondence or other self-study course without a monitored exam will not receive any continuing education credit.

29. Applications for self-study courses must include a word count, excluding glossaries, indexes, tables of contents, and appendices. For Internet courses, a screen count is also required. If the required materials or information is not included, the course may be disapproved.

### Joint courses and Licensed courses

30. Joint courses – Two or more providers may jointly submit a course for CE credit. If approved, each provider may offer the course under its own name. Course approval fees are required for each provider and submission.

31. Licensed courses – Providers may use approved courses from other providers providing that a letter of authorization accompanies the course submission. The course is eligible as previously approved (course credits and expiration date will be the same.) Course approval fees are required.

**Commonwealth of Massachusetts Division of Insurance**  
**Continuing Education Program**  
**Appeal Procedures**

A CE provider may appeal a decision regarding a course or provider application. If a disagreement arises, the Division recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with a CE evaluator/auditor, who will discuss the findings and try to resolve the issue by phone.
2. If the appeal cannot be resolved by phone, write to Prometric with the reason(s) for disagreement and reconsideration of the decision. Prometric will respond to the request within 15 business days of receipt. Send requests to:

**Prometric**  
**Attn: Massachusetts CE Reviews**  
**1260 Energy Lane**  
**St. Paul, MN 55108**

3. If you disagree with Prometric's response to your written request, you should then address your request, in writing, to the Commonwealth of Massachusetts Division of Insurance. State your reason for disagreeing with the Prometric response and include copies of any correspondence. Send your request within 30 days of receiving Prometric's action to:

**Chairman of the Continuing Education Course Review Committee**  
**Commonwealth of Massachusetts Division of Insurance**  
**One South Station, 5th Floor**  
**Boston, MA 02110**

## **Commonwealth of Massachusetts Division of Insurance Continuing Education Program Sanctions for Non-Compliance**

### **Licensees**

The failure of a licensee to meet the triennial continuing education requirement may result in the suspension of all licenses issued for any kind or kinds of insurance. No further license may be issued to the person for any kind or kinds of insurance until he or she has demonstrated to the satisfaction of the Division that compliance with the continuing education requirements has been met.

### **Providers**

The Division may suspend, revoke, or refuse to renew a course provider's authority to offer courses for any of the following causes:

- Advertising that a course is approved before receiving approval in writing from the Division.
- Submitting a course outline with material inaccuracies, either in length, presentation time, or topic content.
- Presenting or using unapproved material in providing an approved course.
- Failure to conduct a course for the full time specified in the approval request submitted to the Division.
- Preparing and distributing certificates of attendance or completion prior to the completion of the course.
- Failing to issue certificates of attendance or completion to any licensee who satisfactorily completes a course.
- Failing to promptly notify the Division of suspected or known improper activities.
- Other deceptive or improper practices.
- Failure to submit Course Offering Schedules on a timely basis. In addition, failure to submit a Schedule may result in the denial of credit to participants in sessions not properly reported to Prometric.

A course provider is responsible for the activities of persons conducting, supervising, instructing, proctoring, monitoring, moderating, facilitating, or in any way responsible for the conduct of any of the activities associated with the course.

In addition, the Division may require any one of the following upon finding of a violation of this section:

- Refunding all course tuition and fees to licensees.
- Providing licensees with a suitable course to replace the course that was found in violation.
- Withdrawal of approval of courses sponsored by such provider for a period determined by the Division.

**Commonwealth of Massachusetts Division of Insurance**  
**Continuing Education Program**  
**Instructions for Completing the Provider Registration Application**

Organizations providing insurance CE for Massachusetts credit must be reviewed and registered by Prometric. Prometric will assign a provider number that will allow courses to be tracked by provider.

**You may apply as a provider when you send your first course for review.**

**Completing the Registration Application**

**Provider Name**

Print or type the full legal name of the organization providing the education.

**Names and Titles of Owners or Officers**

List the name and title of each individual who has a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a ten percent or greater interest.

**Address**

Provide the complete physical street address, including ZIP code, of the location at which continuing education records will be maintained. In the space provided for a mailing address, you may provide a separate mailing address (such as a post office box).

**Authorized Provider Official**

Provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise, such as course rosters, course materials, schedules, etc. This person must have the authority to execute agreements on behalf of the provider. Enclose with this application a résumé or other document reflecting the qualifications (experience, professional designations, degrees, licenses held, etc.) of this person.

**Voice Phone**

Give the voice phone number, including the area code, where the Authorized Provider Official may be reached. Also provide a fax number and e-mail address.

**URL**

Give the provider's URL. Prometric will provide a link to this address on its Web site under lists of approved courses available to the public.

**Type of Organization**

Check the type that best describes your organization. The "Other" category is intended to cover organizations that do not fit into the previous categories. If you use the "Other" category, briefly describe your organization. Your application may be assigned to another category.

**Former Names and Locations**

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor, partner or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of the voting stock, please list all training companies for which any of these owners has been proprietors, partners or has held at least 50 percent of the voting stock.

**Certification**

You must certify that your organization will abide by all Massachusetts laws and the Division of Insurance regulations, policies and guidelines regarding insurance continuing education. The Authorized Provider Official must sign this certification.

**Submission**

Submit the registration application and refund policy (see page 3, item 2) to:

**Prometric  
Attn: Massachusetts CE  
1260 Energy Lane  
St. Paul, MN 55108**

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Provider Registration Application**

Provider Name			
Names and Titles of Owners or Officers: <i>Name</i>		<i>Title</i>	
Address			
City		State	ZIP Code
Authorized Provider Official			Title
Voice Phone Number: (     )     -	Ext.	Fax Number: (     )     -	E-mail Address
URL: http://www.			
Type of Provider: (check one)	<input type="checkbox"/> Agent Association	<input type="checkbox"/> Independent / Private School or Organization	<input type="checkbox"/> Other _____
	<input type="checkbox"/> College/University	<input type="checkbox"/> Insurance Company	
Have you operated under any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide:	<i>Name</i>	<i>Address</i>	
<p>I hereby certify that I have read the Division's Administrative requirements regarding Continuing Education. The provider, instructors, monitors and other personnel will comply fully with the Division's requirements relating to the conduct of Insurance Continuing Education courses. I further certify that all instructors/speakers will meet the established minimum requirements and that the provider will comply with the Americans with Disabilities Act and all applicable EEO statutes. I understand that I must notify the Division, in writing, within 15 days of all changes and modifications to all applications. I also certify that the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make a full disclosure constitutes grounds for denial of approval/revocation of approval.</p>			
_____		_____	
Provider Official's Signature		Date	

MAP-01 (07/05) **PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.**

Mail to:  
**Prometric**  
**Attn: Massachusetts CE**  
**1260 Energy Lane**  
**St. Paul, MN 55108**

**Commonwealth of Massachusetts Division of Insurance**  
**Continuing Education Program**  
**Instructions for Completing the Course Approval Application**

Credit is given only for courses that have been approved. You may not advertise or otherwise promote courses as appropriate for Massachusetts CE credit until they have been approved. You may not conduct courses for CE credit until you receive written approval from Prometric. It is strongly suggested that a completed Course Offering Schedule (page 24) be attached to the course approval application.

**Completing the Form**

**Provider Name**

Print or type the full legal name of the organization providing the course.

**Provider Number**

Enter the provider number assigned to your organization by Prometric. If you do not have a Prometric provider number, leave this space blank.

**Course Title**

Enter the title (maximum 40 characters).

**Course Number**

Leave blank; Prometric assigns a number.

**Course Type**

Mark the formats that will apply for this course. Classroom includes single- and multiple-session classroom courses, seminars, conferences and conventions at which attendance is monitored. Self-study courses are courses for which attendance is not monitored. Self-study courses must be followed by a monitored, closed-book exam. Credit may be given for self-study courses only when the student passes an exam

**How Will This Course be Taught?**

Check all the methods that will be used to teach this course. A lecture refers to a presentation given by a speaker on a specific insurance topic with some student interaction. A workshop generally has a discussion leader who may make a short presentation and usually will lead a discussion among participants. A panel discussion will typically include two or more subject-matter experts discussing issues surrounding the topic; active participation by the students is usually encouraged. Video/teleconference is generally a presentation of a course using video multimedia transmitted to multiple locations at one time or on videotape for viewing at a later date. Videotape courses must be presented and/or facilitated by an on-site instructor, whether viewed at interactive teleconference sites or at a later date.

**Comprehensive Outline**

Attach a comprehensive course outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

1. Divide the outline into sections of approximately 30 minutes each. List the minutes of instruction devoted to each section. The total number of minutes should equal the length of the course.
2. If it is a multiple-session designation course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
3. Include case studies with the outline. Credit will not be assigned for case studies without detail.

**Previously Approved by Prometric**

Indicate whether Prometric has previously approved this course in another state and if applicable, provide the Prometric-issued course number.

**Certification**

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable Division policies and guidelines and Massachusetts statutes and regulations.

**Attachments**

1. For classroom courses: annotated course outline. Case studies must be included if used.
2. For self-study courses: copies of all study materials, exam procedures, examinations and affidavits for self-study courses. See page 6 for specific guidelines.

**Submission**

Send your application form, attachments and completed course offering schedule along with the appropriate fee in the form of a company check, cashier's check, money order or credit card authorization to:

**Prometric  
ATTN: Massachusetts CE  
1260 Energy Lane  
St. Paul, MN 55108**

***You may pay the fee using American Express, Visa or MasterCard.***

***If your card is denied, the transaction will not be processed.***

Prometric will review and approve or disapprove course approval applications within **30 days of receipt**. If a course application is not approved, you will be informed of the reason(s). If a course is approved, Prometric will send a course approval certificate indicating the assigned credits.

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Course Approval Application**

Provider Name		Provider Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
<b>Course Type:</b>  <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	<b>For classroom only, how will this course be taught? (Check all that apply)</b>  <input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Video/Teleconference <input type="checkbox"/> Other _____	<b>Number of Credit hours requested</b>  _____
<p><b>For all courses:</b> Attach refund policy and tuition. If tuition is not charged, check box. <input type="checkbox"/></p> <p><b>For classroom courses:</b> Attach a comprehensive course outline and bibliography. Annotate the outline indicating, for each section, the number of minutes of instruction that will be offered and the method of presentation for each component.</p> <p><b>For self-study courses:</b> Include study materials, word count, exam procedures and sample exam. See page 6 for submission guidelines.</p>		
Has this course been previously approved by Prometric in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, provide Prometric-issued course number.
I, the undersigned, do hereby certify that all information provided herein is true and correct.		
_____ Printed/Typed Name of Authorized Provider Official	_____ Signature	_____ Date

MAC-02 (07/05)

**PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.**

Mail application **with** completed Course Offering Schedule to:

**Prometric  
Attn: Massachusetts CE  
1260 Energy Lane  
St. Paul, MN 55108**

<b>SAMPLE ACCEPTABLE COURSE OUTLINE</b>
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**DIRECTORS AND OFFICERS LIABILITY**

30 minutes	8:30 - 9:00	I. Recent history of D&O liability exposure A. Trends in D&O claim frequency and severity B. Major problem areas 1. Federal securities laws 2. Mergers/acquisitions 3. Pollution claims 4. Financial institutions claims 5. Third-party claims C. Recent large settlements and judgments
30 minutes	9:00 - 9:30	II. Legal concepts underlying the D&O exposure A. Basic legal duties of directors and officers 1. Duty of obedience 2. Duty of loyalty 3. Duty of care B. To whom duties are owed C. Common defenses D. Recent legislation limiting director liability
	9:30 – 9:40	BREAK
60 minutes	9:40 - 10:40	III. Common exclusions A. Public policy exclusions 1. Dishonesty 2. Gaining an illegal profit or advantage 3. Section 16(b) of the Securities Exchange Act 4. Return of excessive remuneration B. Intended to be covered elsewhere 1. Libel and slander 2. Nuclear energy 3. Employment practice
	10:40 – 10:50	BREAK
60 minutes	10:50 - 11:50	IV. Case study Review of ABC Corporation’s stockholder lawsuit alleging mismanagement by the corporation’s board of directors and senior management. Study includes review of facts, company’s defense and participation in defense by the insurer.

**Reasons for acceptability:**

1. Sufficient detail on subject matter covered.
2. Sufficient detail on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline. Ten minutes per hour of instruction are recommended.
5. Case study is described. It is useful to include the case study materials with the outline.

<b>SAMPLE UNACCEPTABLE COURSE OUTLINE</b>
---

**ADVANCED WORKERS COMPENSATION SEMINAR**

- |                       |  |
|-----------------------|--|
| 8:00 a.m. – noon      | I. Introduction  |
|                       | II. Policy coverages   |
|                       | A. Benefits to injured workers   |
|                       | B. Employer liability  |
|                       | III. Writing workers compensation coverages with Middle Atlantic Life and Casualty |
|                       | A. Sales support to producers  |
|                       | B. Price and service comparisons to competitors                                    |
|                       | IV. Use of technology by producers to service clients                              |
|                       | A. Wonder Wizard Claim Reporting Software  |
|                       | B. Visit the Middle Atlantic Life and Casualty interactive Web site                |
| Working luncheon      |  |
| Noon – 1:00 p.m.      | V. Reserving   |
| 1:00 p.m. – 4:00 p.m. | VI. Loss control activities  |
|                       | VII. Case studies  |
|                       | VIII. Panel discussion with experts  |

**Deficiencies in this outline:**

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

**SAMPLE**

**AFFIDAVIT OF PERSONAL RESPONSIBILITY  
To be Signed by Student**

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

\_\_\_\_\_  
Signature (sign in ink only)

\_\_\_\_\_  
Date

**AFFIDAVIT OF EXAM COMPLETION  
To be Completed and Signed by Exam Monitor**

I declare that I personally observed the above named individual during the completion of this examination and also observed that the student received no outside assistance in completing the examination.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
Address where exam was taken

\_\_\_\_\_  
Date exam was taken

\_\_\_\_\_  
Beginning time

\_\_\_\_\_  
Ending time

**MONITOR: DISINTERESTED THIRD PARTY**

\_\_\_\_\_  
Print name of person administering test

\_\_\_\_\_  
Job title of person administering test

\_\_\_\_\_  
Company/agency name

\_\_\_\_\_  
Business phone number

\_\_\_\_\_  
Business mailing address

\_\_\_\_\_  
Signature of person administering test  
(sign in ink only)

\_\_\_\_\_  
Date

**SAMPLE**

**COMMONWEALTH OF MASSACHUSETTS DIVISION OF INSURANCE  
CONTINUING EDUCATION  
COURSE COMPLETION CERTIFICATE**

**Name of Student:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_

**This certifies that the individual named has successfully completed the course requirements for:**

**Course Name:** \_\_\_\_\_  
**Course Number:** \_\_\_\_\_  
**Number of Credits:** \_\_\_\_\_  
**Date of Course Completion:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number (including area code):** \_\_\_\_\_

**Signature of Authorized Provider Official:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Providers may create their own forms for course completion certificates, provided all of the same information indicated above is clearly reflected on the certificate.

**For self-study courses, use the date of the exam as the course completion date.**

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Instructions for Paper Roster Reporting**

- **The roster form may not be used as the sign-in form.**
- A typed or computer-generated list with the same information is acceptable.
- For rosters that exceed one page, only the course number, course completion date and provider number are needed in the provider information section after the first page.
- **Rosters must be submitted within 30 calendar days of the course's completion.**

**Completing the Form**

**Provider Number**

Enter the provider number assigned by Prometric.

**Provider Name**

Enter the name of your organization. This field, and the course name, are secondary identifiers. The primary identification fields are the provider number and course number. Be especially careful to complete them accurately.

**Course Number**

Enter the Prometric-assigned course number.

**Course Title**

Enter the course title.

**Course Completed**

Enter the date the course was completed. For self-study courses, enter the date the exam was **completed**.

**Producer License Number**

Enter the individual's License number. Students failing to provide a License number will not be granted CE credit.

**Student Name**

Enter the last name, first name and middle initial, as space permits. As with provider and course names, the name is a secondary identifier in case the individual's License number is not accurate.

**Instructors**

To grant credits to an instructor, add the name and License number to the roster and indicate "Y" in the instructor box.

## **Fees**

The reporting fee is \$.75 per credit for each student name on the roster. Enclose a company check, cashier's check, money order or credit card authorization payable to Prometric. Multiple checks from producers will not be accepted. A single payment may be used to cover multiple roster submissions.

***You may pay the fee using American Express, Visa or MasterCard.  
If your card is denied, the transaction will not be processed.***

**Use the Fee Worksheet on Page 25 to prepare your payment.**

## **Submission**

Send the roster form(s), transmittal form and the appropriate total fees to:

**Prometric  
ATTN: Massachusetts Roster Submissions  
1260 Energy Lane  
St. Paul, MN 55108**

## **Confirmation**

A confirmation letter will be sent to providers within 2-3 weeks of receipt indicating that the roster has been processed. **If an error is made by the provider on the roster submission, the provider is responsible for resubmitting the corrected roster with an additional reporting fee.**

# Massachusetts Insurance Continuing Education Course Roster

***Rosters must be submitted within 30 calendar days of the course completion date. Internet roster reporting is available. Contact Prometric for details.***

Provider Number

Provider Name

Course Number

Course Title

Completion Date (mm/dd/yyyy)

## Students

License Number	Last Name	First Name	Middle Initial	Instructor (Y or N)
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**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Roster Reporting Information**

Accuracy in roster submission is essential. Key entry errors or transpositions in License numbers result in the need for corrections and delay in credits being recorded for producers and brokers. **If an error is made by the provider on the roster submission, it is the provider's responsibility to resubmit the corrected roster with an additional reporting fee.**

Internet roster submission instructions are on the Web site at [www.prometric.com](http://www.prometric.com). An American Express, Visa or MasterCard is required to submit rosters using the Internet.

Course completion must be reported to Prometric within 30 calendar days after completion.

E-mail [Pro.ce-services@prometric.com](mailto:Pro.ce-services@prometric.com) with questions about Internet or hard copy roster reporting.

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Transmittal for Roster Reporting**

Complete this form and include with all paper rosters.

**Roster fee is \$ .75 per credit per student, reported by paper.**

For example:

3 students complete a 4-credit course. Fees due would be  $3 \times 4 \times \$0.75 = \$9.00$ .

1 student completes a 30-credit course. Fee due would be  $1 \times 30 \times \$0.75 = \$22.50$ .

The enclosed roster contains the following:

\_\_\_\_\_ x \_\_\_\_\_ x .75 = \$ \_\_\_\_\_

Total number of Student Records	Credit Hours	Fee	Total Fees
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Enclose one credit card authorization or check payable to Prometric for the total fee. Do not send checks from individual students.

***You may also pay using American Express, Visa or MasterCard.  
If your card is denied, the transaction will not be processed.***

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Send to: **Prometric  
ATTN: Massachusetts Roster Submissions  
1260 Energy Lane  
St. Paul, MN 55108**

Submitted By: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Course Offering**

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Provider's Contact Person \_\_\_\_\_ Voice Phone Number \_\_\_\_\_

You may enter and edit course offering schedules at Prometric's Web site ([www.prometric.com](http://www.prometric.com)) without this form.

PLEASE PRINT OR TYPE

<b>Course Number</b>	<b>Course Title</b>	<b>Location of Course</b> <i>(Complete address with room name and number. Include building name and/or name of business, city, state and ZIP code)</i>	<b>Schedule</b> <i>(Dates held and beginning /ending times for approved segments)</i>	<b>Contact Person and Phone Number at Location</b>

***Use this form to notify Prometric of all classroom course offerings; photocopy as needed.***

**INCLUDE THIS FORM WITH NEW COURSE SUBMISSIONS**, leaving the course number blank. Schedules for subsequent course offerings, or schedule changes must be received **at least 15 days in advance**. Notify Prometric **immediately** if a reported course offering is changed or canceled. **MAIL TO:** Prometric, ATTN: Massachusetts Course Review, 1260 Energy Lane, St. Paul, Minnesota, 55108 or **FAX TO:** 800.735.7977.

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Fee Worksheet**

This form is for convenience in preparing submissions. Using it is optional.

	<u>Number</u>	<u>Subtotal</u>
<b>Course Fees</b>		
Course Approval	_____ @ \$40	\$ _____
Course Renewal	_____ @ \$40	\$ _____
<b>Roster Reporting</b> (Requires Roster Transmittal Form on page 23 and Roster)		
\$ .75 per credit for each name on roster		\$ _____
	<b>TOTAL</b>	\$ _____

**One check may be written to cover all fee types.**

**Payment may be made by company check, cashier's check or money order.**

***You may pay using American Express, Visa or MasterCard.***

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

***If your card is denied, the transaction will not be processed.***

**Send to:**

**Prometric  
ATTN: Massachusetts CE Submissions  
1260 Energy Lane  
St. Paul, MN 55108**