

Commonwealth of Massachusetts
Division of Insurance
Continuing Education Credit for Graduate and
Upper Division Baccalaureate Programs

In November 1999, the Continuing Education Course Review Committee reviewed the applicability of the courses in graduate and upper division baccalaureate programs and decided to waive continuing education for producers who:

1. Are matriculated students and attending school at least half time (6 credits per semester or 12 credits per year). There are special provisions for those attending less than half time.
2. Are enrolled in one of the following courses of study:
 - Business
 - Accounting
 - Management
 - Mathematics
 - Economics
 - Financial Planning

The waiver will begin when a student matriculates (or is licensed, whichever is later) and will end when he or she is no longer at least a half time student. A student is still liable, on a pro-rata basis, for continuing education credits due before he or she matriculates and after he or she has terminated half time study.

Examples:

During the First Three Years of Licensure: If a producer were licensed July 15, 1996, matriculated January 5, 1997, and completed his or her course in December, 1998, on July 15, 1999, instead of needing to complete 60 hours of continuing education credits, he or she would only need to complete 20 calculated as follows:

Period Waived: January 1997 – December 1998 = two years

Credits Waived: $\frac{\text{Two Year}}{\text{Three Years}} \times 60 \text{ hours} = 40 \text{ hours}$

Credits Required: 60 hours – 40 hours waived = 20 hours

During Subsequent Three Year Periods of Licensure: The procedure would be the same as the above example, but, since the student is only liable for 45 hours of continuing education, substitute 45 for 60.

Special Rules For Students Attending Less Than Half Time: If a student completes less than 12 credits per year, the amount of credits waived would be reduced

proportionately: In this example, if a student has taken only one three-credit course per semester for each of the four semesters, rather than two (assuming he or she did not attend summer school) the Division of Insurance would waive half of the continuing education requirement, or 20 hours.

Submissions of Requests for Credit

In order to determine how many credits will be awarded, a producer would need to submit the following material to the:

**Chairman, Continuing Education
Course Review Committee
Commonwealth of Massachusetts
Division of Insurance
One South Station
Boston, MA 02110-2208**

1. A brief description of the course of study the applicant believes will qualify for continuing education credit.
2. A copy of the section of the college's catalogue describing the course of study, and a description of the courses to be taken. If the catalogue only lists the courses but does not describe its content, the Committee will then need a syllabus for each course.
3. An "Official" transcript from the college documenting that the student has taken and passed the courses. Some colleges will only provide "unofficial" transcripts to students. If that is the case, have them forward an "official" transcript directly to the above address.

The Committee will only be able to make a final determination of the credits once the applicant has completed his or her degree, or at the end of each triennium (if the course overlaps continuing education compliance periods.) In the interim, the Committee can provide an estimate of the credits the courses will earn ("unofficial" transcripts or grade reports will suffice for this purpose.)

Questions should be addressed to James Wright, III, Chairman of the Committee at the above address or at James.Wright@state.ma.us.

**Massachusetts Insurance Division
Continuing Education Program**

Continuing Education Waiver Request

Please Print or Type

_____		_____
Name		Social Security Number
_____		_____
Residential Address		Apartment Number
_____	_____	_____
City	State	Zip Code
(_____)_____	(_____)_____	
Residential Phone Number (Area Code)	Business Phone Number (Area Code)	
_____	_____	
Signature of Applicant	Date	
<p>By signing, I certify that the information above, and the supporting documentation are true and correct to the best of my knowledge.</p>		

Please complete this form, attach supporting documentation and mail to:

**Chairman, Continuing Education
Course Review Committee
Commonwealth of Massachusetts**
Division of Insurance
One South Station, 5th Floor
Boston, Massachusetts 02110-2208