

STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE
APPLICATION REQUEST FOR CONTINUING EDUCATION
REDUCTION IN HOURS

Insurance Producer's Full Name: _____

Last

First

M.I.

Social Security Number or Producer License Number: _____

Home Mailing Address: _____

Business Mailing Address: _____

Home Telephone Number: _____ Business Phone number: _____

E-Mail Address: _____

The CE Administrators cannot accept name, address or SSN# changes. Please go ONLINE to the SC Department of Insurance website (www.doi.sc.gov) to make any of these changes.

In accordance with the requirements of Section 38-43-106 (H), the above named producer by this application claims a reduction in the number of CE hours based on the fact that he/she has met one of the following requirements:

____ 20 years of **continuous** licensure in any line of authority.

____ 25 years of **active** licensure in any line of authority.

SC resident producers claiming licensure status from another state must submit supporting documentation from that State's Department of Insurance.

____ 10 years of **continuous** licensure in any line of authority and has obtained one of the following designations: CLU, FLMI, REBC, CPCU, CFP, RHU, CIC, LUTCF, ChFC. (Proof of your designation must be attached to this form)

If approved for a reduction, the producer will need to complete a total of fifteen (15) hours of CE – twelve (12) hours (at least six (6) hours in each line of authority held) and three (3) hours of Ethics.

CERTIFICATION

I _____, do hereby certify that all of the

(Producer's name – Please Print)

information provided with this application is true and correct to the best of my knowledge.

Signature of Producer

Date

THIS FORM MUST BE RECEIVED BY PROMETRIC NO LATER THAN 5:00 P.M. DECEMBER 31, 2009. MAIL, FAX OR E-MAIL YOUR APPLICATION TO:

PROMETRIC

ATTN: SOUTH CAROLINA CE PROGRAM

1260 ENERGY LANE, ST PAUL, MN 55108

FAX NUMBER: 800-735-7977

E-Mail Address: pro.ce-services@prometric.com

SCID FORM #3611