

Commonwealth of Pennsylvania Insurance Department



Provider Information Packet For Continuing Education and Pre-licensing Education

Administrative Services Provided by Prometric

PROMETRIC™

November 2007

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**Pennsylvania Insurance Department
Continuing Education and Pre-licensing
Introduction**

The Commonwealth of Pennsylvania Insurance Department (Department) has contracted with Prometric to perform continuing education (CE) and Pre-licensing Education (PLE) provider, course and instructor review services, rosters and course scheduling on behalf of the Pennsylvania Insurance Department. **The Pennsylvania Insurance Department processes all transactions relating to producer name and address changes, license renewals and letters of clearance.**

Providers must submit courses for approval at least 60 days prior to their first presentation. Approvals for Providers are valid for a 24-month period beginning with the approval date and must be renewed each 24-month period. Prometric will send provider and course renewal notices 60-90 days before expiration. Individual providers must submit instructor approval applications before they may teach their courses. **Instructor approvals are perpetual and need not be renewed.**

Course applications will be reviewed and approved or disapproved promptly by Prometric. Incomplete submissions may delay the review process and may result in disapproval. Course applications are considered complete when Prometric receives all necessary materials. Samples of acceptable and unacceptable outlines are shown on Pages 13 and 14.

Fees

CE and PLE Provider Approval	\$25.00
CE and PLE Provider Renewal	\$25.00
CE and PLE Course Approval	\$35.00
CE and PLE Course Renewal	\$35.00
CE and PLE Instructor Approval	\$10.00 (Instructors are not subject to renewal)
CE Roster fees (per name)	\$4.50
PLE Roster fees (per name)	\$4.50

Effective with completion dates on or after January 1, 2007, completions for both CE and PLE courses must be submitted online using Sircon's Compliance Express.

Provider, course and instructor application fees to Prometric may be paid using Visa, MasterCard or American Express. All fees are non-refundable.

Use the fee worksheet on Page 22 to prepare your payment.

This Provider Packet and other CE and PLE information is also available through Prometric's Web site: www.prometric.com. Providers may download the forms from the Web site and use them in their computers to prepare applications.

Effective January 1, 2007. Providers must use Sircon's Compliance Express to enter classroom course offering schedules. Classroom CE course offering schedules must be submitted at least 30 calendar days before the course is offered. Prometric conducts in-person, on-site audits based on course offering schedules.

PLE providers must submit rosters using Sircon's Compliance Express.

Providers must make their roster submissions within 15 business days of the course completion date. Providers will receive a confirmation of all rosters submitted.

Providers must provide a course completion certificate to each student who successfully completes a course within 15 business days of the date of completion.

Pennsylvania participates in the **NAIC CE Reciprocity Agreement**. If you are a provider domiciled in a participating state, you may submit CE course approval applications based on this reciprocity. See the instructions on Page 15 for details.

Continuing Education and pre-licensing courses must be filed with and approved by Prometric prior to use. **To be considered for approval, the filing must CLEARLY indicate whether it is a Continuing Education course or a Pre-licensing course. All course and instructor submissions should be sent to:**

**Prometric
ATTN: Pennsylvania CE/PLE
1260 Energy Lane
St. Paul, MN 55108**

Complete details about CE requirements for producers are in the Pennsylvania CE/PLE Information Handbook. The handbook may be viewed at: www.prometric.com.

Producers may also view their transcript at www.sircon.com.

For more information, contact Prometric

Phone: **866.241.3113 (8:00 a.m. to 6:00 p.m. Eastern time)**

Fax: **800.735.7977**

E-mail: Pro.ce-services@prometric.com

Web site: www.prometric.com

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing
Program Requirements**

General Program Requirements

1. All requests for course approval must be submitted at least 60 days prior to the requested approval date. Any incomplete course approval submissions will delay the approval/disapproval of the course.
 2. If a course approval has been denied or is canceled by the provider, the provider must refund the full course fee or full credit to the attendee within 30 days. This guideline applies to courses advertised as “approval pending” for which approval was not granted, or courses that were canceled by the provider. The provider may not establish a “no refund” policy.
 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 Pennsylvania, 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 CE laws.
 5. Advertising:
 - All advertisements of courses must include:
 - The provider name and course title as they appear on the application for approval;
 - The course fee and credit hours assigned to the course;
 - 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.
- If the provider wishes to advertise the course while waiting for its written approval from Prometric, the advertisement must state that the course is “pending approval.”
6. 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.
 7. Providers may not change a course’s content or outline without prior written approval. Failure to obtain written approval in advance may result in a denial of CE credit for the course.
 8. Fifty (50) minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for credit. Partial credits are not allowed. Time allotments less than 50 minutes will be rounded down, and no more than 8 credit hours per day will be approved.
 9. Providers and courses expire 2 years from approval date. Renewal notices will be sent 60-90 days prior to expiration date.

10. Each course must be a minimum of one credit hour with a maximum of 48 credit hours.
11. All courses must have verification of attendance. Attendance and any exam requirements must be met for a student to receive credit for the course. No partial credits are permitted. Any request by a student for an exception to the credit for attendance requirement must be filed with the Insurance Department within 15 days of the course completion.
12. Providers must agree to inform Prometric of the date, time and location of each CE classroom session, conference and convention, at least 30 days prior to presenting. 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.
13. Providers must maintain accurate attendance records for each course. Providers must obtain all producers' signatures on a sign-in sheet. Only students meeting attendance requirements may receive credit for course completion.
14. Providers are required to report course completion rosters for both Continuing Education and Pre-licensing courses within 15 business days of course completion online using Sircon's Compliance Express. Providers must distribute course completion certificates to all individuals who meet the requirements of the course within 15 days of the conclusion of a course. The certificate must contain the name and identification number of the attendee, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by each attendee, and the name and identification number of the provider.
15. Producers will receive credits only once for a course completed in the producer's current licensing period regardless of the number of times the same course is taken.
16. Approved instructors of continuing education courses will receive double the approved credit hours for teaching a course. For a course with multiple instructors where instruction is shared, credits are divided equally among instructors and then doubled. No credit for teaching courses twice in same licensing period also applies.
17. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Pennsylvania Insurance Department 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 Pennsylvania Insurance Department the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records. A written report from Prometric will summarize the audit and copies will be forwarded to the Department and the provider.
18. Providers must be able to verify who attended and completed each course for a minimum of six years following the completion of a course.
19. Providers must keep all records pertaining to its Pennsylvania CE/PLE activities for a minimum of six years. The provider agrees that upon request, these records are available to the Pennsylvania Insurance Department and Prometric.
20. Students attending courses in preparation for a professional designation exam may receive credit for either the classroom hours or for the exam, but not both.

Qualifying/Non-Qualifying Course Subjects

21. For courses to qualify, they must be of a formal learning program, which imparts substantive and procedural knowledge relating to the insurance field.
22. The following subjects/topics may NOT qualify:
 - A course in office or business skills, including typing, speed reading, or the use of computers, calculator, or other machines or equipment;
 - A course in office management, client relations, or other matters aimed at improving the operation of the person's business; or
 - A course in sales training or product promotion, stress management, time management, psychology, motivation, written and/or communication skills.
23. The authorized course coordinator is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one or more of the following qualifications:
 - Minimum of 3 year's experience in course subject matter, or
 - Degree in course subject matter and/or a minimum of 2 years' experience as an insurance producer with 6 months of experience in course subject matter.
 - Any relevant history of instructor's license or certificate.

Self-Study Courses (including Internet and computer-based courses)

24. Self-study courses must include an examination to receive credit. The proposed exam must be submitted with the request for course approval. The exam must be a proctored, closed-book exam with no assistance provided to the student.
25. A disinterested third party (someone other than a supervisor or relative) may proctor the exam. The completion date is the date the proctor signs and dates the exam. A certificate of course completion is to be given to the student who successfully completes the exam, within 30 days of the completion date.
26. 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 large courses. It is suggested that all questions should be in either a four-alternative multiple choice or completion format and that the use of True/False questions be avoided. Credit hours will be determined by the estimated time it will take a student to study the material, adjusted by the percentage of the course content that is acceptable as CE. Credits will be allowed only if the student receives a grade of 70% or greater on the examination.
27. Internet/online exams must also be proctored according to the identical guidelines for self-study.

Pre-Licensing Courses

28. Providers of pre-licensing courses for producers must provide the student the original Certificate of Pre-licensing Course Completion documenting the applicant's successful completion of the course in addition to submitting a roster.
29. Pre-licensing courses may be approved for any number of credits but must contain 3 credits of ethics content. Applicants must complete a total of at least 24 pre-licensing credits. The credits may be earned from completing one or more courses.
30. The outlines must cover the subject matter included in the current exam content outlines.

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing
Appeal Procedures**

There are times when a CE/PLE Provider may appeal a decision regarding the outcome of a course approval or the findings of a CE audit. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with a CE/PLE Evaluator/Auditor, who will go over the findings with you 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 the receipt. Send requests to:

**Prometric
ATTN: Pennsylvania CE/PLE
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 Pennsylvania Insurance Department. State your reason for disagreeing with Prometric's response and include copies of any correspondence. Send your request within 30 days of receiving Prometric's action to:

**Pennsylvania Insurance Department
Bureau of Producer Services
1300 Strawberry Square
Harrisburg, PA 17120**

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing Program
Instructions for Completing the Provider Approval Application**

Organizations providing Insurance Pre-licensing and Continuing Education for Pennsylvania must be reviewed and approved by Prometric, according to the guidelines set by the Pennsylvania Insurance Department. 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 Approval Form

Type of Approval Status

Check the type of approval status you are seeking: PLE for Pre-licensing, CE for Continuing Education. You may check both if they apply.

Provider Name

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

Names and Titles of Owners/Officers

List all individuals who have 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 25% or greater interest.

Address

A complete street address, including zip code, is required. A post office box may also be provided in addition to but not in place of a physical street address.

Contact Person and Title

Please 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.

Voice Phone, Fax Number and E-mail Address

Provide the voice phone number where the contact person may be reached. Also provide a fax number and e-mail address.

URL

Provide the organization's URL. Prometric will provide a link to this address on the list of approved courses available to the public.

How Long in Business

Provide the number of years your organization has been in the business of providing PLE/CE courses.

Type of Organization

Check the type that best describes your organization.

- A Professional Organization is a not-for-profit association of insurance professionals whose primary function is to foster professionalism through training, fellowship, and communication.
- Insurance Agency includes independent and exclusive agencies, wholesalers, E & S brokers, and MGAs.
- Training Company offers courses of training to insurance professionals.
- Insurance Company is an insurer, a company that underwrites and issues policies.

- 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 of which the proprietor or any partner has been a proprietor, partner, or held at least 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 of which any of these owners have been proprietors, partners, or have held at least 50 percent of the voting stock.

Certification

You must certify that your organization will abide by all Pennsylvania laws and Insurance Department regulations, policies, and program requirements regarding insurance pre-licensing and continuing education. The sole proprietor, a general partner, or an officer must sign this certification.

Submission

Submit:

- The Provider Approval Application;
- Refund policy (see Page 3, item 2); and
- \$25.00 fee in the form of a company check, cashier's check, money order or credit card authorization to:

**Prometric
ATTN: Pennsylvania CE/PLE
1260 Energy Lane
St. Paul, MN 55108**

**You may pay using Visa, MasterCard or American Express.
If your credit card is denied, the transaction will not be processed.
All fees are non-refundable.**

You may use the Fee Worksheet on Page 22 to prepare your payment.

Renewal of Provider Status

A provider's approval status is valid for a two-year period, beginning from the approval date. To remain active, the provider must renew prior to the ending of the two-year period. Prometric will send renewal notices to providers 60-90 days prior to the expiration date.

Please note: If your provider status expires, all associated courses will not be allowed for credit until your provider status has been renewed. To renew your provider status, please forward \$25.00 prior to the expiration date to Prometric.

Pennsylvania Insurance Department Provider Approval Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

<input type="checkbox"/> PLE Provider Approval <input type="checkbox"/> CE Provider Approval			
Provider Name			Prometric Use Only
Names and Titles of Owners or Officers (list below)			
<i>Name</i>		<i>Title</i>	
Address			
City		State	Zip Code
Contact Person		Title	
Voice Phone #:	Ext.	Fax #:	E-mail Address
URL: http:\\	How long have you been in business?	FEIN:	
Type of Organization: (check one)	<input type="checkbox"/> Professional Organization <input type="checkbox"/> Insurance Agency/ <input type="checkbox"/> Brokerage/ Wholesaler	<input type="checkbox"/> Training Company <input type="checkbox"/> College/University <input type="checkbox"/> Insurance Company	<input type="checkbox"/> Other _____
Have you operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,			
<i>Name</i>		<i>Address</i>	
<p>I certify that I have read the Provider requirements for Pennsylvania Continuing Education and Pre-Licensing providers and agree to abide by them and will abide by Pennsylvania insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this sponsor's authorization to offer courses and that all course approvals will be simultaneously withdrawn.</p>			
_____		_____	
Applicant's Signature		Date	
_____		_____	
Print or Type Name		Title	

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing Program
Instructions for Completing the Course Approval Application**

Only courses that have been reviewed and approved by Prometric may be offered for Pennsylvania CE/PLE credit.

Pennsylvania participates in the NAIC CE Reciprocity Agreement. If you are a provider domiciled in a participating state, you may submit course approval applications based on this reciprocity. Information and instructions are on Pages 15 and 16.

Completing the Form

Course Status

Check PLE for Pre-licensing or CE for Continuing Education status.

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 your organization is applying now to be an approved provider, leave this space blank.

Course Title

Enter the title (maximum of 40 characters, including spaces).

Course Number

Please leave blank; Prometric will assign a number.

Course Type

Mark the format 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 an exam and proctored by a disinterested third party. Credit may be given for self-study courses only when the student passes the 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 outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

- Divide the outline into sections 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.
- 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. 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 Pennsylvania Insurance Department policies and guidelines and Pennsylvania 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.

Submission

Submit:

- Course approval application;
- Attachments; and
- \$35.00 fee to:

**Prometric
ATTN: Pennsylvania CE/PLE
1260 Energy Lane
St. Paul, MN 55108**

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

You may use the Fee Worksheet on Page 22 to prepare your payment.

Prometric will review and approve or disapprove course applications promptly. 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.

**Pennsylvania Insurance Department
CE/PLE Program
Course Approval Application**

Continuing Education Course
 Pre-licensing Course

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name		Provider Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
Course Type: <i>(check one)</i> <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	For classroom only, how will this course be taught? <i>(Check all that apply)</i> <input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Video/TeleConference <input type="checkbox"/> Other _____	Number of credit hours requested _____
Is this course open to the industry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>For all courses: Attach refund policy.</p> <p>For Classroom courses: 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>For Self-Study courses: Include study materials, exam procedures and sample exam.</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 Course Coordinator	_____ Signature	_____ Date

PAC-01 (07/05)

ACCEPTABLE COURSE OUTLINE

DIRECTORS AND OFFICERS LIABILITY

- | | | |
|------------|---------------|---|
| 25 minutes | 8:30 - 8:55 | 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 |
| 25 minutes | 8:55 - 9:20 | 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 |
| | 9:20 – 9:30 | BREAK |
| 50 minutes | 9:30 - 10:20 | 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 |
| | 10:20 – 10:30 | BREAK |
| 50 minutes | 10:30 - 11:20 | 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.

SAMPLE UNACCEPTABLE COURSE OUTLINE

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 agents |
| | B. Price and service comparisons to competitors |
| | IV. Use of technology by agents to service clients |
| | A. Wonder Wizard Claim Reporting Software |
| | B. Visit the Middle Atlantic Life and Casualty interactive Website |
| 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.

Instructions for Providers Eligible for NAIC Continuing Education Reciprocity

As of November 2007, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Massachusetts
Florida	Puerto Rico
Guam	Virgin Islands

To obtain Pennsylvania approval, based on this reciprocity, you must complete all of these steps:

1. Be approved as a provider in your state of domicile.
2. Receive a course approval document from your state of domicile. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. Be approved as a Pennsylvania provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval, subject to renewal two years from the date of approval.
4. Complete the NAIC Standard Continuing Education Filing Form for each course.
5. Submit a photocopy of the course approval document from your home state.
6. Submit a copy of the course outline for classroom courses or the table of contents for self-study courses.
7. Pay the \$35.00 course approval fee for each course.

Send applications and fees to:

**Prometric
ATTN: Pennsylvania CE/PLE
1260 Energy Lane
St. Paul, MN 55108**

**You may pay using Visa, MasterCard or American Express.
If your card is denied, the transaction will not be processed.
All fees are non-refundable.**

Use the Fee Worksheet on Page 22 to prepare your payments.

No other attachments are required.

Pennsylvania is not required to accept any topic, sponsor or instructor that is not eligible for approval under its laws and regulations.

NAIC UNIFORM CONTINUING EDUCATION RECIPROCIITY COURSE FILING FORM

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

Provider Information

Provider Name				Federal Tax ID # (FEIN/SSN)			
Contact Person		E-mail Address of Contact Person			Is Provider an Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number () - ext.		Fax Number () -		Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address				City		State	Zip Code
<p align="center">I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours.</p>							

Course Information

Course Title				Is this course open to Public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Instruction				*National Course*			
Self-study <input type="checkbox"/> Correspondence <input type="checkbox"/> On-line Training (self study) <input type="checkbox"/> Teleconference <input type="checkbox"/> Video/Audio/CD/DVD <input type="checkbox"/> Other _____		Classroom <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> On-line Training (facilitated) <input type="checkbox"/> Other _____		National Insurance Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type:			
Examination Required? <input type="checkbox"/> Yes <input type="checkbox"/> No				Course offered by Higher Education Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs. Requested by Provider		Hrs. Approve by Home State		Hrs. Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales/Mktg	Insurance
A. Insurance Topics:						
Accident/Health						
Casualty						
Ethics						
General Insurance Principles						
Insurance-related Laws						
Life						
Long Term Care						
Personal Lines						
Property						
Variable Life and Annuity						
Viatical Settlement						
Other						
Total Hours						
B. Adjuster Topics (Total Hours)						
Approval/Disapproval date						
Course number assigned (if course is approved)						
Course approval expiration date (if course is approved)						
Home State disapproval reason (if disapproved):						
Signature of Home State Representative:						
Reciprocal State disapproval reason (if disapproved):						
Signature of Reciprocal State Representative:						

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing Program
Instructions for Completing the Instructor Approval Application Form**

To be submitted by Provider

Courses approved for Pennsylvania CE credit must be taught by approved instructors. Instructor approval applications must be submitted to Prometric for approval by each provider whose class(es) they teach. Instructors will earn double credit per two-year licensing period for a course they teach.

Completing the form

Provider Information – To be completed and certified by Provider.

Provider Name

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

Provider Number

Enter the provider number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

Provider Certification

Print or type your name and sign and date the form to certify all of the information provided on the form is an accurate representation of the instructor's education and experience. The sponsor representative's signature certifies that the instructor meets one or more of the following qualifications.

- Minimum of 3 years' experience in course subject matter, or
- Degree in course subject matter and/or a minimum of 2 years of experience as an insurance producer with 6 months of experience in course subject matter.
- Any relevant history of instructor's license or certificate.

Instructor Information – Must be certified as correct by instructor. Information must be entered on this form, not included as an attachment. Do not send a resume or other documentation.

Name(s)

Type or print the full legal name of the certified instructor in the name block. In the block below, list maiden name, former married name(s), and/or any aliases that have been used.

Instructor Number

Type or print the instructor identification number if Prometric has already assigned one for another provider or state; otherwise, leave blank.

Social Security Number

Type or print Social Security number.

Home Street Address

Provide home street address; a post office box alone is not acceptable.

Phone Numbers

Provide a daytime business phone number and home phone number.

Qualifying as an Instructor

Indicate at least one item that best describes your qualifications to be an instructor.

Professional Designation(s)

List all insurance-related professional designations that the instructor holds. The full meanings of the acronyms listed on the form are given below. If the instructor lists a designation not on the list, please provide acronym, the full title, and the granting institution.

AAI	Accredited Advisor in Insurance, Insurance Institute of America
ARM	Associate in Risk Management, Insurance Institute of America
CEBS	Certified Employee Benefits Specialist, International Foundation of Employee Benefit Plans
CFP	Certified Financial Planner, The American College
ChFC	Chartered Financial Consultant, The American College
CIC	Certified Insurance Counselor, The National Alliance for Insurance Education and Research
CLU	Chartered Life Underwriter, The American College
CPCU	Chartered Property and Casualty Underwriter, American Institute of CPCU
FLMI	Fellow, Life Management Institute, Life Office Management Association
LUTCF	Fellow, Life Underwriter Training Council
RHU	Registered Health Underwriter, The American College

Specialized Experience

List any specialized experience in a specific subject matter. Include the number of years of experience and the degree designated to the instructor.

Certification

Print or type the instructor's name. The instructor must sign and date the form to certify that all of the information provided on the application is an accurate representation of the instructor's education and experience. In addition, the instructor certifies agreement to abide by applicable Pennsylvania laws, regulations, and program requirements.

Course Verification

Below the certification, list the course titles and course ID numbers you are requesting verification of qualification for the instructor to teach. Instructors are linked to specific courses.

Submission

Submit:

- Instructor approval application; and
- \$10.00 fee to:

Prometric
ATTN: Pennsylvania CE/PLE
1260 Energy Lane
St. Paul, MN 55108

You may pay the fee using Visa, MasterCard or American Express.
If your card is denied, the transaction will not be processed.
All fees are non-refundable.

You may use the Fee Worksheet on Page 22 to prepare your payment.

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing Program
Instructor Approval**

PROVIDER INFORMATION

Provider Name	Provider Number	
<p align="center">I certify that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor.</p>		
_____	_____	_____
Print/Type Name of Provider Representative	Signature	Date

Title		

INSTRUCTOR INFORMATION

Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
By what other names have you been known? If none, so state.			Social Security Number ____
Home Street Address			
City	State	Zip Code	
Business Phone () _____ ext.		Residence Phone () _____	
<p>Please indicate which two items qualify you as an instructor under the rules listed in the Pennsylvania CE Administrative Regulations:</p> <input type="checkbox"/> A minimum of three years' working experience in the subject matter being taught <input type="checkbox"/> A professional designation from a recognized industry organization or association <input type="checkbox"/> A degree or certificate from an accredited school in the subject matter being taught <input type="checkbox"/> Specialized knowledge in the subject matter being taught			
List professional designations:			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
_____	_____	_____	
<p>I certify that the information on this form is true and correct to the best of my knowledge, that I satisfy one or more qualifications, and the information accurately represents my qualifications to teach insurance courses. I certify that my license(s) to sell insurance are not suspended or revoked and I have not committed any criminal violation that would preclude my licensure as an Insurance Producer. I also agree to abide by all statutes, regulations and guidelines set forth by the Pennsylvania Insurance Department.</p>			
_____	_____	_____	_____
Print/Type Name of Instructor	Signature	Date	

**List the Course Number and Course Title you are requesting verification
of qualification for the instructor to teach.**

Course Number	Course Title	Course Number	Course Title
Course Number	Course Title	Course Number	Course Title
Course Number	Course Title	Course Number	Course Title
Course Number	Course Title	Course Number	Course Title

**PENNSYLVANIA INSURANCE DEPARTMENT
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 sponsor representative: _____
Title: _____
Date: _____

Providers must provide the student with a course completion certificate within 15 business days of a student's successful completion of an approved course.

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 that the course was proctored as the course completion date.

**PENNSYLVANIA INSURANCE DEPARTMENT
PRE-LICENSING EDUCATION
COURSE COMPLETION CERTIFICATE**

Name of Student: _____
Social Security 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 sponsor representative: _____
Title: _____
Date: _____

Providers must provide the student with a course completion certificate within 15 business days of a student's successful completion of an approved course. Rosters must be submitted within 15 business days.

PLE providers must submit rosters using Sircon's Compliance Express.

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

**Pennsylvania Insurance Department
Continuing Education and Pre-licensing Program
Fee Worksheet**

This form is for convenience in preparing provider, course and instructor application submissions to Prometric. It is not required.

Provider Approval _____ @ \$25.00

Course Fees	<u>Number</u>	<u>Sub-total</u>
Course Approval	_____ @ \$35.00	\$ _____

Instructor Fees		
Instructor Approval	_____ @ \$10.00	\$ _____

TOTAL \$ _____

**One check payable to Prometric may be written to cover all fee types.
Payment may be made in the form of company check, cashier's check or money order.
All fees are non-refundable.**

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

Card number: _____

Name on card: _____

Expiration date: _____

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