

West Virginia Offices of the Insurance Commissioner

Continuing Education Program



Provider Information Packet

Administrative Services Provided by Prometric



November 2008

West Virginia Offices of the Insurance Commissioner

Continuing Education Program

Provider Information Packet

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West Virginia Offices of the Insurance Commissioner Continuing Education Program Introduction

The state of West Virginia has contracted with Prometric to perform continuing education (CE) provider and course review services on behalf of the West Virginia Offices of the Insurance Commissioner (the Commissioner). 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 Commissioner processes all transactions relating to producer name and address changes, license renewals and letters of certification.**

Providers may use our Web site (www.prometric.com) to submit rosters for completed courses, verify compliance by requesting individual or multiple transcripts, obtain approved course lists and schedule classes.

Classroom course offering schedules must be submitted to Prometric. See Page 26 for the form and the details. Prometric conducts in-person, on-site audits based on course offering schedules. Providers may enter, edit and view course offering schedules using our Web site.

Providers and producers may call Prometric at **800.805.9127** 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 West Virginia who do not qualify for an exemption must meet the following credit requirements:

Twenty-four credit hours every two years (a biennium) are required. Of those, at least 3 credits must be from courses categorized as Ethics. The current compliance period (biennium) began July 1, 2008 and ends June 30, 2010.

Producers who sell only pre-need funeral insurance or only through a telemarketing firm engaged solely in telemarketing insurance products by a scripted presentation filed with, and approved by the Commissioner, may submit an affidavit and have their requirement reduced to six hours. Of those, at least 3 credits must be from courses categorized as Ethics. Prometric will notify telemarketers and funeral homes in early 2010 of the procedures for filing the affidavit.

The following individuals are exempt: non-resident producers, adjusters, and producers holding Limited Lines Credit Insurance licenses, or any line where a licensing examination is not required.

Fees

Course Fee: \$40.00
Expedited course review \$50.00

Expedited course review fee is in addition to regular \$40.00 course fee.

Provider Registration: No fee is required

Rosters: \$2.00 per credit per student on rosters reported by paper
\$1.50 per credit per student on rosters reported by Internet

Late Roster Penalty \$25.00 per name when a roster is received by Prometric more than 30 days after the completion date. In addition, a \$25.00 per roster processing fee is charged. For example a late roster with 4 entries would incur a total of \$125.00 in penalty fees. Late rosters will not be entered until all regular submission fees and penalty fees are paid.

**Use the Fee Worksheet on Page 27 to prepare your payment.
All payments may be made using American Express, Visa or MasterCard.**

Course Expiration

If a course is active during a compliance period (2008-2010), and is presented at least once for credit, it will remain active for the next compliance period (2010-2012). However, if the course is not given for credit in the previous compliance period, it will not be active in the next biennium and will expire. If a course expires, a new application with fee must be submitted for the course to be approved. Prometric will send a notice to providers shortly after July 1, 2010 indicating the status of courses.

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

For further information, contact Prometric:

Phone: **800.805.9127**
Fax: **800.735.7977**
E-mail: **Pro.ce-services@prometric.com**
Web site: **www.prometric.com**

West Virginia Offices of the Insurance Commissioner Continuing Education Program Requirements

The West Virginia Offices of the Insurance Commissioner 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. **You may request expedited course review by paying an additional \$50 fee per course. A course review is assured within three business days.**
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 West Virginia, 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 West Virginia Offices of the Insurance Commissioner may be offered for West Virginia 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 West Virginia CE credit until it has been approved in writing.
7. When a course has been approved for continuing education credit and is advertised, the advertisement shall include:
 - provider name and course title as they appear on the application for provider approval;
 - type of licensee for whom the course would be most applicable;
 - number of West Virginia-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. Fifty minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for CE credit.
11. Each course must be a minimum of one credit hour.
12. Courses meeting five days or less require 100% attendance of each participant. Courses meeting more than five days require 80% attendance of each participant.
13. Course providers must agree that representatives of Prometric and/or its designees, and employees of the 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 Department the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records.
14. Providers must be able to verify who attended and completed each course for a minimum of three years following the completion of a course.
15. Providers must keep all records pertaining to its West Virginia CE activities for a minimum of three years.

Qualifying/Non-Qualifying Course Subjects

16. **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: West Virginia insurance law and regulations; agency management; account/policy rating; insurance coverages/plans; advanced underwriting, estate financial planning; risk management; employee benefit plans; loss prevention and control; errors & omissions/malpractice loss prevention; assigned risk; claims procedure; policy replacement; taxation; oral and written communications; 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.
17. **The following subjects/topics may not qualify:**
 - Any course used to prepare for taking an insurance license exam;
 - Computer science courses;
 - Motivational, sales training, or psychology courses;
 - Prospecting; and
 - Courses which are primarily intended to impart knowledge of specific products of specific companies, if the use of the product or products relates to the sales promotion or marketing of one or more of the products discussed.

18. Courses will be categorized as Ethics credits or General credits. To be categorized for Ethics credit, the entire course must qualify. Credits for a course will not be split between Ethics and General credits. Ethics is described as the science (or study) of morality with a set of fundamental principles defining morality and determining moral duty and obligation. With regard to professions, a code of ethics frequently defines aspects of fairness and duty to the profession and the general public. In the context of insurance licensees, ethics involves conducting one's business with a well-developed sense of fairness, proper disclosure and even-handed dealings with prospective insureds, policyholders, agencies, fellow licensees, companies and the general public. To be approvable for continuing education content, the material must not only outline the fundamentals and principles of ethics in its various forms but also provide clear and appropriate linkage to the activities and responsibilities of an insurance producer. Case studies and situations must be in the context of the insurance business and highlight the special challenges and opportunities within the insurance industry.

Classroom Courses

19. 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. 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.
20. 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 minimum attendance requirements may receive credit for course completion.
21. 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.
22. Students attending classroom courses in preparation for a professional designation exam may receive credit for the classroom hours or exam, but not both.
23. College courses: Each college or university completed insurance related course, approved by the Commissioner, will be assigned twelve (12) hours of continuing education credit. A passing grade is required.
24. 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 every biennium for each course taught.
25. The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one of the following qualifications:
 - Property & Casualty Courses – CPCU Professional designation or 3 years current industry experience and AAI or CIC or; five years current industry experience or; holder of a bachelors degree in insurance.
 - Life & Health/Accident & Health Courses – CLU, ChFC, FLMI Professional designation (CHC and CEBS for A&S only) or; 3 years current industry experience and LUTCF or FICF or; 5 years current industry experience or; holder of bachelors degree in insurance.

Note: Providers must verify each instructor's relevant qualifications and provide evidence of such qualifications to the Department upon request. Instructor information does not need to be submitted to Prometric for approval. The provider is not required to submit these qualifications for review, but must maintain the records in the event of an audit.

Self-Study Courses

26. 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.
27. No examination by an insurance company may be administered or proctored by its own personnel.
28. 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.**
29. The completion date for a self-study course will be the date the completed and signed Disinterested Third Party Affidavit is received by the provider from the student. Certificates of Course Completion should not be issued or made available online until the Affidavit has been received by the provider. Notice of passing the exam should include a statement to that effect and advise the student that the passing notice is NOT a certificate of course completion nor is the date of passing the exam considered the course completion date. The date of completion will be the date the Affidavit is received by the provider.
30. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. 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.

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Appeal Procedures**

A CE provider may appeal a decision regarding a course or provider application. 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 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: West Virginia 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 West Virginia Offices of the Insurance Commissioner. 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:

**License Division — CE
West Virginia Offices of the Insurance Commissioner
1124 Smith Street
P.O. Box 50541
Charleston, WV 25305-0541**

West Virginia Offices of the Insurance Commissioner Continuing Education Program Sanctions for Non-Compliance

The failure of a licensee to meet the biennial 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 Commissioner that compliance with the continuing education requirements has been met.

The Commissioner 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 the Commissioner has granted such approval in writing.
- 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 Commissioner.
- 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 Commissioner of suspected or known improper activities.
- Other deceptive or improper practices.

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 Commissioner 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 Commissioner.

West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Instructions for Completing the Provider Registration Application

Organizations providing insurance CE for West Virginia 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 West Virginia laws and Offices of the Insurance Commissioner 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: West Virginia CE
1260 Energy Lane
St. Paul, MN 55108**

West Virginia Offices of the Insurance Commissioner Continuing Education Program Provider Registration Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

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 Commissioner's Administrative requirements regarding Continuing Education. The provider, instructors, monitors and other personnel will comply fully with the Commissioner'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 Offices of the Insurance Commissioner, 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>			
<hr style="width: 80%; margin: 0 auto;"/> Provider Official's Signature		<hr style="width: 80%; margin: 0 auto;"/> Date	
Mail to: Prometric Attn: West Virginia CE 1260 Energy Lane St. Paul, MN 55108			
WVP-01 (08/06)			

West Virginia Offices of the Insurance Commissioner
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 West Virginia CE credit until they have been approved. You may not conduct courses for CE credit until you receive written approval from Prometric.

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 an Prometric provider number, leave this space blank.

Course Title

Enter the title (maximum 40 characters).

Course Number

Leave blank; Prometric will assign 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 Department policies and guidelines and West Virginia 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.

Submission

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

**Prometric
ATTN: West Virginia 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.

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program**

Course Approval Application

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 _____	Type of credits requested <input type="checkbox"/> General <input type="checkbox"/> Ethics Select only one. Credits will not be split within a course.
<p>For all courses: Attach refund policy and tuition.</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 Provider Official	_____ Signature	_____ Date

Mail to:
Prometric
Attn: West Virginia CE
1260 Energy Lane
St. Paul, MN 55108

SAMPLE ACCEPTABLE COURSE OUTLINE

DIRECTORS AND OFFICERS LIABILITY

- | | | |
|------------|---------------|--|
| 25 minutes | 8:30 - 8:55 | I. Recent history of D&O liability exposure <ul style="list-style-type: none">A. Trends in D&O claim frequency and severityB. Major problem areas<ul style="list-style-type: none">1. Federal securities laws2. Mergers/acquisitions3. Pollution claims4. Financial institutions claims5. Third-party claimsC. Recent large settlements and judgments |
| 25 minutes | 8:55 - 9:20 | II. Legal concepts underlying the D&O exposure <ul style="list-style-type: none">A. Basic legal duties of Directors and Officers<ul style="list-style-type: none">1. Duty of obedience2. Duty of loyalty3. Duty of careB. To whom duties are owedC. Common defensesD. Recent legislation limiting director liability |
| | 9:20 – 9:30 | BREAK |
| 50 minutes | 9:30 - 10:20 | III. Common exclusions <ul style="list-style-type: none">A. Public policy exclusions<ul style="list-style-type: none">1. Dishonesty2. Gaining an illegal profit or advantage3. Section 16(b) of the Securities Exchange Act4. Return of excessive remunerationB. Intended to be covered elsewhere<ul style="list-style-type: none">1. Libel and slander2. Nuclear energy3. 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 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 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.

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

Instructions for Providers Eligible for NAIC CE Reciprocity

As of November 2008, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Massachusetts
Florida	Puerto Rico
Guam	Virgin Islands

To obtain West Virginia approval, based on this reciprocity, you must complete these steps:

1. You must be approved as a provider in your state of domicile.
2. You must have received 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. You must be approved as a West Virginia provider. This is a separate application that must be completed before you can apply for course approval
4. You must complete the NAIC Reciprocity Standard Continuing Education Filing Form for each course.
5. You must submit a photocopy of the course approval document from your home state.
6. You must pay the normal course application fee of **\$40**.

Send applications, outlines and fees to:

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

No other attachments are required.

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

See Page 21 for instructions on how to report course credits for agents and Page 26 for reporting classroom course offering schedules.

***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 27 to prepare your payment.

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
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.							

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:						

See State Matrix for Instruction Sheet and State Specific Fee Schedule

SAMPLE

**WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER
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.

The completion date for a self-study course will be the date the completed and signed Disinterested Third Party Affidavit is received by the provider from the student.

West Virginia Offices of the Insurance Commissioner

Continuing Education

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**.

West Virginia Producer License Number

Enter the individual's West Virginia Producer license number (not Social Security 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.

Fees

The reporting fee is \$2.00 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 27 to prepare your payment.

Submission

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

**Prometric
ATTN: West Virginia 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.**

West Virginia Insurance Continuing Education Course Roster

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

Refer to Page 2 of Provider Information Packet for Late Roster reporting Penalty.

Provider Number

Provider Name

Course Number

Course Title

Completion Date (mm/dd/yyyy)

Students

WV Producer License Number	Last Name	First Name	Middle Initial
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
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<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input style="width: 230px; height: 20px;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Roster Reporting Information**

Use of Internet roster reporting is strongly encouraged. Prometric will provide assistance for users with questions.

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 (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. See page 2 for penalties for late roster reporting.

Call 800.805.9127 if you have any questions regarding Internet roster reporting.

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Transmittal for Roster Reporting**

Complete this form and include with paper

Roster fee is \$2.00 per credit per student, reported by paper.

For example:

3 students complete a 4-credit course. Fees due would be 3 X 4 X \$2.00 = \$24.00.

1 student completes a 30-credit course. Fee due would be 1 X 30 X \$2.00 = \$60.00.

The enclosed roster contains the following:

_____ x _____ x _____ = \$ _____

Total number of Student Records	Credit Hours	Fee (\$2.00)	Total Fees
------------------------------------	--------------	-----------------	------------

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: West Virginia Roster Submissions
1260 Energy Lane
St. Paul, MN 55108**

Submitted by: _____

Provider Number: _____

Provider Name: _____

Prepared by: _____

Phone Number: _____

E-mail Address: _____

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Course Offering**

Provider Name _____ Provider Number _____

Provider's Contact Person _____ Voice Phone Number _____

You may enter and edit course offering schedules on our Web site: www.prometric.com without this form.

PLEASE PRINT OR TYPE

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

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: West Virginia Course Review, 1260 Energy Lane, St. Paul, Minnesota, 55108 or

FAX TO: 800.735.7977

**West Virginia Offices of the Insurance Commissioner
Continuing Education Program
Fee Worksheet**

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

Course Fees	<u>Number</u>	<u>Sub-total</u>
Course Approval	_____ @ \$40	\$ _____
Roster Reporting (requires roster transmittal form on Page 25 and roster)		
\$2.00 per credit for each name on roster (paper)		\$ _____
	TOTAL	\$ _____

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: West Virginia CE Submissions
1260 Energy Lane
St. Paul, MN 55108**