



**INSURANCE CONTINUING EDUCATION  
PROVIDER INFORMATION PACKET**

**March 2009**



Administrative Services Provided by Prometric

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**North Carolina Department of Insurance  
Continuing Education  
Introduction**

The North Carolina Department of Insurance (Department) has contracted with Prometric to provide outsourced continuing education (CE) services. Prometric reviews provider and course applications as well as processing rosters and doing compliance calculation for compliance periods beginning January 1, 2008 and after.

**The North Carolina Department of Insurance processes all transactions relating to producer name and address changes, license renewals and letters of clearance.**

**The requirements concerning agent CE compliance periods and requirements have been substantially changed beginning January 1, 2008. Details may be found in the North Carolina Agent CE Handbook at [www.prometric.com](http://www.prometric.com) or at the Department's Web site: [http://www.ncdoi.com/asd/asd\\_LegislativeChanges](http://www.ncdoi.com/asd/asd_LegislativeChanges).**

**Licensees may view their transcripts and compliance status online at [www.prometric.com](http://www.prometric.com).**

Providers must submit courses for approval at least 30 days before their first presentation. Providers and courses are not subject to a renewal fee.

**Provider and course approvals are not subject to renewal but 11 NCAC 06A.0813 (e) specifies that a provider must conduct at least one course each calendar year.**

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 19 and 20.

**Fees**

Provider Application	No fee
Course Application	\$160.00 *
Roster Fees (per credit hour)	\$1.65 **
Mailing List of Licensees	\$200.00

\*\* Fee includes the Department's required \$100.00 statutory fee plus Prometric's processing fee.

\*\* Fee includes the Department's required \$1.00 per credit statutory fee plus Prometric's processing fee.

**The maximum annual amount collected for statutory course application fees from a provider is \$2,500.00. Hence when a provider submits more than 25 course applications in a year, the \$100.00 statutory fee will not be collected but the \$60.00 processing fee will be required.**

**Course application and roster fees to Prometric may be paid using Visa,  
MasterCard or American Express. All fees are non-refundable.**

Use the fee worksheet on Page 30 to prepare your payment.

Providers may order mailing lists of licensees for the purpose of promoting or advertising their own courses. See the order form on Page 29.

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

Classroom CE course offering schedules must be submitted at least 30 calendar days before the course is offered. The Department conducts in-person, on-site audits based on course offering schedules.

Providers must make their roster submissions within 15 business days of the course completion date.

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

North Carolina participates in the **NAIC CE Reciprocity Agreement** subject to NC course approval rules. 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 21 for details.

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

Complete details about CE requirements for producers are in the North Carolina CE Information Handbook. The handbook may be viewed at: [www.prometric.com](http://www.prometric.com).

For more information, contact Prometric

Phone: **866.241.3121 (8:00 a.m. to 7:00 p.m. Eastern time)**  
Fax: **800.735.7977**  
E-mail: [Pro.ce-services@prometric.com](mailto:Pro.ce-services@prometric.com)  
Web site: [www.prometric.com](http://www.prometric.com)

**North Carolina Department of Insurance  
Continuing Education  
Program Requirements**

**General Program Requirements**

1. All requests for course approval must be submitted at least 30 days before the requested approval date. Any incomplete course approval submissions will delay the approval/disapproval of the course. If a course has not been approved or disapproved with 60 days of receipt of all required information, the course is deemed approved at the end of that 60 day period.
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. Advertising:  
All advertisements of courses must include:
  - The provider name, provider number, course number(s), course title(s), date(s) and location(s);
  - Number and type of approved credits;
  - All fees and associated expenses; and
  - Course rating.

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”.

4. 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.
5. 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.
6. Providers must notify all registered students of cancellations at least five days before the scheduled class date.
7. 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.
8. Providers who have not had credits posted for any licensee in a calendar year will be deactivated early in the following year. Prometric will send a notice to the affected providers at the time of deactivation. Deactivated providers must submit new provider and course applications and fees.
9. Each course must be a minimum of one credit hour.
10. Courses will be approved for up to three categories: General, Ethics or Flood. More than one category can be assigned to a course.
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.

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 before presenting. Further, Prometric must be notified at least 5 days before a course is cancelled or the location or date is changed. 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 licensees' 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 Continuing Education courses within 15 business days of course completion. 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. Licensees will receive credits only once for a course completed in the licensee's current compliance period regardless of the number of times the same course is taken.
16. Course providers must agree that employees of the North Carolina Department of Insurance 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 North Carolina Department of Insurance the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records. Results of audits will be forwarded to the Department and the provider.
17. Providers must be able to verify who attended and completed each course for a minimum of three years following the completion of a course.
18. Providers must keep all records pertaining to its North Carolina CE activities for a minimum of three years. The provider agrees that upon request, these records are available to the North Carolina Department of Insurance and Prometric.
19. 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.
20. Providers must assign a course rating on each course application to indicate the relative level of complexity. Categories are Basic (one to two years experience), Intermediate (three to five years experience) and Advanced (six or more years experience).

### **Classroom Courses – Attendance and Exam Requirements**

21. For classroom courses approved for six credits or less, students must attend 100% of the class in order to receive any credits.
22. Providers must provide an exam for classroom courses approved for more than six credits.

23. Full credit will not be awarded for classroom courses approved for more than six credits unless the student takes and passes an exam at the conclusion of the course. If a student attends at least 80% of the scheduled course time and fails or does not take the exam, 80% of the approved course credit will be awarded.
24. All self-study courses and classroom courses approved for seven or more credits must have an approved examination for the students to receive full credit. The exam must be submitted along with the course application to Prometric for approval. Approvable exams **must** incorporate the following:
- An exam answer key. The answer key must indicate the total amount of credit possible for answering all questions correctly and indicate the amount of credits necessary to pass the exam. (Note: If essay questions are used, indicate all subject material that must be included in the response in order to receive full credit. Also show how much credit will be given for each point that makes up the response that would receive full credit.)
  - Multiple choice items **must** have a minimum of four options.
  - Multiple-choice items **must** have only once correct response.
  - “True/False” questions and questions with answer choices such as “I, II and III”, “IV only”, “II and III only”, “A and B”, “B only”, “A, B and D are correct”, “All of the Above” and/or “None of the Above”, etc. are **not** allowable exam answers.

Classroom course submissions where seven credits or more are requested that do not have an exam submitted or where the exam does not qualify as an approvable exam may be denied or approved for a maximum of six credits.

25. Providers requesting seven credits or more and not wishing to provide an exam for classroom courses may divide the course into sections of six hours and less. Each section will require a separate course application, a comprehensive timed outline, and course fee.
26. Instructors may receive the credit for teaching a course once in a compliance period.
27. Distance Learning Programs qualify only when an instructor is available to respond to questions and to maintain attendance records. Any organization sponsoring a teleconference shall have an on-site instructor.
28. Webinar courses qualify only when there is a method of monitoring attendance, by way of a random question and answer segment throughout the course, or a monitor at each location. Examinations are **not** required in Webinar courses.
29. Courses that are taught by a college or university that is accredited by the Southern Association of Colleges and Schools are approved for a number of continuing education credits to be determined by Prometric’s evaluation process. The College must submit a course application, course syllabus, and course fee in order for the course to be evaluated.

30. Courses that are necessary to obtain the following nationally recognized designations are approved for 18 continuing education credits upon successful completion of the national examination for each part:

Accredited Advisor in Insurance (AAI); Associate in Claims (AIC), Associate in Risk Management (ARM), Associate in Loss Control Management (ALCM), Associate in Underwriting (AU); Certified Employees Benefit Specialist (CEBS); Chartered Financial Consultant (ChFC); Chartered Life Underwriter (CLU); Chartered Property and Casualty Underwriter (CPCU); Fellow Life Management Institute (FLMI); General Insurance (INS); Life Underwriter Training Council Fellow – 26 weeks (LUTCF).

Courses necessary to obtain the following nationally recognized designations are approved for an amount of continuing education credits to be determined by Prometric's evaluation process:

Agency Management Training Course Graduate; Certified Insurance Counselor (CIC); Certified Insurance Service Representative (CISR); Certified Professional Service Representative (CPSR); Fraternal Insurance Counselor (FIC); Health Insurance Associate (HIA); Life Underwriter Training Council Fellow – 13 weeks (LUTCF); Registered Health Underwriter (RHU).

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

31. For courses to qualify, they must be directly related to insurance principles and practices or designed and approved specifically for licensees. Courses must not be business courses of a general nature or insurance marketing or sales courses.
32. The following subjects/topics generally **will** qualify: ethics in insurance, legal, legislative, regulatory matters in insurance, fundamentals/principles of property and casualty insurance, fundamentals/principles of life and health insurance, estate planning and/or taxation, insurance policy contents, proper use of insurance products, insurance rating/underwriting/claims, accounting/actuarial considerations in insurance, principles of risk management, provisions/differences in insurance policy contracts, fundamentals/principles of title insurance, managed care, agency management, legal/ethical issues involving sales practices, rating, tax laws related to insurance, errors and omissions, estate planning/taxation, wills and trusts, financial planning, management content directly related to insurance, actuarial mathematics/statistics/probability, advanced underwriting, employee benefit plans, loss prevention and control, assigned risk, policy replacement, pensions, profit sharing, and courses leading to insurance designations.
33. The following subjects/topics generally **will not** qualify: prospecting, motivation, salesmanship, psychology, recruiting, time management, health/stress/exercise courses, supportive office skills, personnel management, use of calculators, computers or other equipment, computer software training, accounting or tax preparation in connection with the business of the producer, meetings held in conjunction with the general business of the producer, courses primarily intended to impart knowledge of specific products or specific insurers if the use of the products relates to sales promotion or marketing of the product, client relations, matters aimed at improving the operation of a person's business, stress management, organizational procedures and internal policies of an individual insurer, and subjects not related to the insurance industry.

34. To be categorized for Ethics, courses must deal with usage and customs among members of the insurance profession involving their moral and professional duties toward one another, toward clients, toward insureds and toward insurers. 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 licensee. Case studies and situations must be in the context of the insurance business and highlight the special challenges and opportunities within the insurance industry.
35. Members of professional insurance associations may receive a maximum of two credits during a compliance period based on membership in the association and attendance at certain meetings. The roster-reporting fee of \$1.65 per credit must be paid. Providers that are professional insurance associations should contact Prometric for details on the administrative procedures for awarding these credits.

**Self-Study Courses** (includes correspondence, Internet and computer-based courses)

36. Self-study courses must include an examination to receive credit. The proposed exam must be submitted with the request for course approval and must follow the exam criteria as set forth in item 24. A paper/pencil exam must be a proctored, closed-book exam with no assistance provided to the student.
37. A proctored exam is required for certain self-study courses as follows:
  - a. A correspondence (textbook) course with a paper/pencil exam must have a proctored, closed-book exam with no assistance provided to the student.
  - b. A correspondence (textbook) course that allows the student to submit the exam online must have a proctored, closed-book exam with no assistance provided to the student.
  - c. Online courses with online exams must be closed-book but do not require a proctor (see #40).
38. A disinterested third party (someone not concerned with respect to gain or loss resulting from the exam) may proctor the exam. The completion date is the date the proctor signs and dates the exam. A certificate of course completion must be given to the student who successfully completes the exam, within 15 days of the completion date.
39. 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.
40. Internet/online courses submitted for review must include an electronic version of the course showing intermittent security checks to validate the individual taking the course. Internet/online courses exams must show that security measures are in place to ensure that the individual who took the on-line course is the same individual taking the examination. Internet/online courses must be closed-book (i.e., once the exam has begun, the student may no longer access the course material). Online exams for internet/online courses do not require a proctor.

**North Carolina Department of Insurance**  
**Continuing Education**  
**FAQs About Credit for Agent Association Membership**

Q. Can CE credit be awarded for membership in an agent association?

A. Yes, but only under certain conditions. In accordance with 11 NCAC 06A.0802 (p), two credits may be awarded for membership and activity. The credits are not automatically awarded and not all associations qualify. Currently these organizations may award such credits to members:

Professional Insurance Agents (PIA)  
NC Association of Health Underwriters (NCAHU)  
National Association of Insurance and Financial Advisors (NAIFA)  
Independent Insurance Agents of North Carolina (IIANC)  
Surplus Lines Association  
Claims Adjuster Association

Q. How does an association become eligible for its members to receive the CE credit?

A. The professional insurance association shall be approved as a continuing education provider, shall have been in existence for at least five years, and shall have been formed for purposes other than providing continuing education. The professional insurance association shall: provide the Commissioner with the association's Articles of Incorporation on file with the N.C. Secretary of State.

Q. If a licensee is a member of more than one association, can credit be received for membership in all associations?

A. Pursuant to 11 NCAC 06A .0802 (p), a licensee may receive no more than two ICECs during the biennial period or one credit for each reporting period (December 1-January 15). If the licensee is a member of multiple associations, the licensee may only receive two credits during the biennial period.

The CE credits are applied on a "first come, first served" basis. (2 credits per biennial period)

Q. Will each organization have a different "course number" to submit the membership lists?

A. The course number assigned will be the same number for all associations and will change annually.

Q. When should the association file the credits for the licensee?

A. The association should file the credits for the licensee after December 1 and by January 15th annually. Please note only 2 CE credits will be granted in any biennial period.

If the association files duplicate credits for a licensee during a licensee's biennial compliance period (including the pro-rated period) the duplicate credits will not be applied to the licensee's record. If a licensee is a member of multiple organizations, the licensee should choose one association for filing of the credit because the licensee can only receive a maximum of two credits per biennial period.

If the roster is submitted after January 15<sup>th</sup>, the roster will be returned to the association. The association may make an appeal to the Department for the late submission of credit.

Q. How should the rosters be submitted – paper or online?

A. Rosters may be submitted on line from the period of December 1-January 15.

Q. If the state association office provides the lists to the "department", what documentation must the association maintain on the "licensee attended 50% of the regular meetings"?

A. The associations should maintain attendance records for their regular meetings for a three year period to show that the licensee meets this qualification. The State office of the association shall file the credits and attest to the participation of the licensee on a form prescribed the Commissioner based on reports made by the local chapters (if applicable). The CE administrator will make the attestation form available to the Associations. If the association is submitting credits on line, the attestation form is mailed in advance and held on file by the Department or the CE administrator.

Q. What if the association does not hold a local meeting but does hold statewide meetings or does not hold a statewide meeting but does hold local meetings? In other words, does the individual have to meet all requirements? i.e. - do they have to attend the local meetings **and** the statewide educational meetings?

A. The credits are awarded based on active participation by the licensee in the associations. If the association does not have both state and local meetings, the association may give the member credit as long as the member has participated in the association in one of the following:

1. Certify to the Commissioner or Administrator that the licensee attended 50 percent of the regular meetings or
2. Certify to the Commissioner or Administrator that the licensee attended a statewide or intrastate regional educational meeting on an annual basis, where the regional meeting covered an area of at least 25 counties of the State

The Department requires that the State Office of the Association file the CE credits with the CE Administrator and establish a reporting system with the local chapters (if applicable) for members who should receive the credit to the them.

**North Carolina Department of Insurance  
Continuing Education  
Appeal Procedures**

***Appeals on actions by Prometric must be made within 15 days of the decision.***

There are times when a CE Provider may appeal a decision regarding the outcome of a course application 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 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: North Carolina CE  
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 North Carolina Department of Insurance. State your reason for disagreeing with Prometric's response and include copies of any correspondence. Send your request within 15 days of receiving Prometric's action to:

**North Carolina Department of Insurance  
Agent Services Division  
1204 Mail Service Center  
Raleigh, NC 27699-1204**

**Sanctions for Noncompliance (11 NCAC 06A .0811)**

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

1. Advertising that a course is approved before the Commissioner has granted such approval.
2. Submitting a course outline with material inaccuracies, either in length, presentation time or topic content.
3. Presenting or using unapproved material in providing and approved course.
4. Failing to conduct a course for the full time specified in the approval request submitted to the Commissioner.
5. Preparing and distributing certificates of attendance or completion before the course has been approved.
6. Issuing certificates of attendance or completion before the completion of the course.
7. Failing to issue certificates of attendance or completion to any licensee who satisfactorily completes a course.
8. Failing to notify the Commissioner in writing of suspected or known violations of the North Carolina General Statutes or Administrative Code within 30 days after suspecting or knowing about the violations.
9. Violating the North Carolina General Statutes or Administrative Code.
10. Failing to monitor attendance and attention of attendees.

The Commissioner may require any one of the following upon finding a violation of this section:

1. Refunding all course tuition and fees to licensees.
2. Providing licensees with a course to replace the course that was found in violation.
3. Withdrawal of approval of courses offered by the provider, presenter or instructor.

**North Carolina Department of Insurance  
Continuing Education Program  
Instructions for Completing the Provider Application**

Organizations providing insurance continuing education for North Carolina must be reviewed and approved by Prometric, according to the guidelines set by the North Carolina Department of Insurance. 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 Provider Application Form**

**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 CE courses.

**Courses Open to the Public**

Courses not open to the public will not appear on lists of approved courses for licensees.

**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 North Carolina laws and Department of Insurance regulations, policies, and program requirements regarding insurance continuing education.

**Submission**

Submit: to:

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

## North Carolina Department of Insurance Provider Approval Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

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?	Are your courses open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 North Carolina Continuing Education providers and agree to abide by them and will abide by North Carolina insurance laws and regulations. Additionally, I certify that any instructors I utilize to teach courses meet the qualifications specified in 11 NCAC 06A .0808 and 11 NCAC 6A .0705(a) and that they will abide by all program requirements. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.</p>			
_____		_____	
Applicant's Signature		Date	
_____		_____	
Print or Type Name		Title	

NCP-01 (03/08)

**North Carolina Department of Insurance  
Continuing Education Program  
Instructions for Completing the Course Approval Application**

Only courses that have been reviewed and approved by Prometric may be offered for North Carolina CE credit.

North Carolina 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 21 and 22.

**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 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. Classroom courses approved for more than six credits must provide an exam. 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.

**CE Course Rating**

This is to provide an indication to students about the relative complexity of the course and will appear on lists of approved courses for licensees.

**Number of Credit Hours Requested**

This is to give Prometric an indication of what is desired. Prometric will review the course and assign the credit hours based on North Carolina standards.

**Name(s) of Instructor(s)**

Provide the name(s) of the instructor(s) who will teach the course.

**Attachments**

Be sure to include all required items with the submission. Prometric may disapprove a course if the submission is incomplete.

**Submission**

Submit: to with the \$160 fee to:

**Prometric  
ATTN: North Carolina CE  
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 30 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.

**North Carolina Department of Insurance  
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)
<b>Course Type:</b> (check one)  <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	<b>Course Rating (agent experience level)</b>  <input type="checkbox"/> Basic (1-2 years experience) <input type="checkbox"/> Intermediate (3-5 years experience) <input type="checkbox"/> Advanced (more than 5 years experience)	<b>Number of credit hours requested</b>  <hr style="width: 100%;"/> Exams are required for classroom courses approved for more than six credits.
Name(s) of Instructor(s) for this course:		
<p><b><u>Submissions received without the required supporting material may be returned as incomplete.</u></b></p> <p><b>For all courses:</b> Attach tuition and refund policy. Include statements for whom the course is designed and course objectives as well as names duties of those involved in official capacity with the course. Include a copy of the course completion certificate</p> <p><b>For Classroom courses:</b> Attach a comprehensive course outline and bibliography as well as method of presentation. Course offering schedule must be included.</p> <p><b>For Self-Study courses:</b> Include study materials, exam procedures and sample exam. Include electronic copy of course content and exam for Internet course.</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. Additionally, I certify that any instructors I utilize to teach courses meet the qualifications specified in 11 NCAC 06A .0808 and 11 NCAC 6A .0705(a) and that they will abide by all program requirements. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.		
<hr style="width: 100%;"/> Printed/Typed Name of Authorized Provider Representative	<hr style="width: 100%;"/> Signature	<hr style="width: 100%;"/> Date

NCC-01 (03/08)

<b>ACCEPTABLE COURSE OUTLINE</b>
----------------------------------

**DIRECTORS AND OFFICERS LIABILITY**

- |            |               |  |
|------------|---------------|--|
| 25 minutes | 8:30 - 8:55   | I. Recent history of D&O liability exposure <ul style="list-style-type: none"><li>A. Trends in D&amp;O claim frequency and severity</li><li>B. Major problem areas<ul style="list-style-type: none"><li>1. Federal securities laws</li><li>2. Mergers/acquisitions</li><li>3. Pollution claims</li><li>4. Financial institutions claims</li><li>5. Third-party claims</li></ul></li><li>C. Recent large settlements and judgments</li></ul>  |
| 25 minutes | 8:55 - 9:20   | II. Legal concepts underlying the D&O exposure <ul style="list-style-type: none"><li>A. Basic legal duties of directors and officers<ul style="list-style-type: none"><li>1. Duty of obedience</li><li>2. Duty of loyalty</li><li>3. Duty of care</li></ul></li><li>B. To whom duties are owed</li><li>C. Common defenses</li><li>D. Recent legislation limiting director liability</li></ul>  |
|            | 9:20 – 9:30   | BREAK  |
| 50 minutes | 9:30 - 10:20  | III. Common exclusions <ul style="list-style-type: none"><li>A. Public policy exclusions<ul style="list-style-type: none"><li>1. Dishonesty</li><li>2. Gaining an illegal profit or advantage</li><li>3. Section 16(b) of the Securities Exchange Act</li><li>4. Return of excessive remuneration</li></ul></li><li>B. Intended to be covered elsewhere<ul style="list-style-type: none"><li>1. Libel and slander</li><li>2. Nuclear energy</li><li>3. Employment practice</li></ul></li></ul> |
|            | 10:20 – 10:30 | BREAK  |
| 50 minutes | 10:30 - 11:20 | IV. Case study<br>Review of ABC Corporation’s stockholder lawsuit alleging mismanagement by the corporation’s board of directors and senior management. Study includes review of facts, company’s defense and participation in defense by the insurer.   |

**Reasons for acceptability:**

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

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

**ADVANCED WORKERS COMPENSATION SEMINAR**

- |                       |   |
|-----------------------|---|
| 8:00 a.m. – noon      | I. Introduction   |
|                       | II. Policy coverages  |
|                       | A. Benefits to injured workers  |
|                       | B. Employer liability   |
|                       | III. Writing workers' compensation coverages with Middle Atlantic Life and Casualty |
|                       | A. Sales support to 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 August 2008, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Massachusetts
Florida	Puerto Rico
Guam	Virgin Islands

To obtain North Carolina 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 North Carolina provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time 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 \$160.00 course approval fee for each course.

Send applications and fees to:

**Prometric  
ATTN: North Carolina CE  
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 30 to prepare your payments.**

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

**NAIC UNIFORM CONTINUING EDUCATION RECIPROCITY 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><b>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.</b></p>							

**Course Information**

Course Title				Is this course open to Public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Method of Instruction</b>				<b>*National Course*</b>			
<b>Self-study</b> <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 _____		<b>Classroom</b> <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> On-line Training (facilitated) <input type="checkbox"/> Other _____		<b>National Insurance Designation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type:			
<b>Examination Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Course offered by Higher Education Institution?</b> <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
<b>A. Insurance Topics:</b>						
Accident/Health						
Casualty						
Ethics						
General Insurance Principles						
Insurance-related Laws						
Life						
Long Term Care						
Personal Lines						
Property						
Variable Life and Annuity						
Viatical Settlement						
Other						
<b>Total Hours</b>						
<b>B. Adjuster Topics (Total Hours)</b>						
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:						

**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

\_\_\_\_\_  
Date

**North Carolina Department of Insurance  
Continuing Education Program  
Roster Reporting Information**

Accuracy in roster submission is essential. Key entry errors or transpositions in Social Security ID numbers result in the need for corrections and delay in credits being recorded. **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.**

Course completions must be reported to Prometric within 15 business days after completion.

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

Complete this form and include with all paper rosters.

**Roster fee is \$1.65 per credit per student.**

For example:

3 students complete a 4-credit course. Fees due would be  $3 \times 4 \times \$1.65 = \$19.80$ .  
1 student completes a 20-credit course. Fee due would be  $1 \times 20 \times \$1.65 = \$33.00$ .

The enclosed roster contains the following:

_____	x	_____	x	1.65	=	\$	_____
Total number of Student Records		Credit Hours		Fee		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: North Carolina CE Processing**  
**1260 Energy Lane**  
**St. Paul, MN 55108**

Provider Number: S \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

# North Carolina Continuing Education Course Roster

***Rosters must be submitted within 15 business days of the course completion date.***

Provider Number

**S -**

Provider Name

Course Number

**C -**

Course Title

Completion Date (mm/dd/yyyy)

/  /

## Students

Social Security Number (last four digits)	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: 30px; 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: 30px; 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: 30px; 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: 30px; 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: 30px; 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: 30px; 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: 30px; 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: 30px; 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: 30px; height: 20px;" type="text"/>

**North Carolina Department of Insurance  
Continuing Education Program**

**Instructor Qualifications**

Courses approved for North Carolina CE credit must be taught by instructors who meet one or more of the qualifications below. There is not an application form or fee for instructors. Providers must verify each instructor's relevant qualifications and maintain those records in the event of an audit. Providers will certify on their provider and course application forms that their instructors meet the qualifications.

Do not submit supporting documentation for instructors to Prometric or the Department. Providers, however, must be prepared to provide the supporting documentation if requested.

Each Instructor shall have one or more of the following qualifications, which must be verified by the continuing education provider:

1. Accident and health or sickness, Medicare supplement insurance and long-term care insurance:
  - Registered Health Underwriter (RHU); Certified Employee Benefits Specialist (CEBS);
  - Registered Employee Benefits Specialist (REBC); Health Insurance Associate (HIA);
  - Five years of full-time experience as an employee, agent, or broker interpreting or explaining policies covering accident and health or sickness insurance, Medicare supplement insurance or long term care insurance;
  - Holds an associate degree or bachelor's degree in insurance; or
  - Has education and experience that are found by the Commissioner to be equivalent to the qualifications described in 11 NCAC 06A.0703(d)(1) and (d)(2).
2. Life Insurance and annuities:
  - Chartered Life Underwriter (CLU); Chartered Financial Consultant (ChFC); Fellow Life Management Institute (FLMI); Life Underwriter Training Council Fellow (LUTCF); Certified Employee Benefits Specialist (CEBS); Certified Financial Planner (CFP);
  - Five years of full-time experience as an employee, agent, or broker interpreting or explaining life insurance policies or annuities;
  - Holds an associate degree or bachelor's degree in insurance; or
  - Has education and experience that are found by the Commissioner to be equivalent to the qualifications described in 11 NCAC 06A.7003(d)(1) and (d)(2).
3. Property Insurance, casualty insurance and personal lines:
  - Chartered Property and Casualty Underwriter (CPCU); Accredited Advisor in Insurance (AAI); Associate in Risk Management (ARM); Certified Insurance Counselor (CIC);
  - Five years of full-time experience as an employee, agent, or broker interpreting or explaining property insurance, casualty insurance, or personal lines policies;
  - Holds an associate degree or bachelor's degree in insurance, or
  - Has education and experience that are found by the Commissioner to be equivalent to the qualifications described in 11 NCAC 06A.0703(d)(1) and (d)(2).

**NORTH CAROLINA DEPARTMENT OF INSURANCE  
CONTINUING EDUCATION  
COURSE COMPLETION CERTIFICATE**

**Name of Student:** \_\_\_\_\_

**Social Security Number:** XXX-XX-\_\_\_\_\_  
(last four digits)

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

**Course Name:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_

**Type of Credits:** \_\_\_\_\_

**Date of Course Completion:** \_\_\_\_\_

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

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

**Signature of provider 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.

**North Carolina Department of Insurance  
Course Offering Schedule**

Provider name \_\_\_\_\_ Provider number \_\_\_\_\_

Provider's contact person \_\_\_\_\_

PLEASE PRINT OR TYPE. Use this form to notify Prometric of all classroom course offerings. Include this form with new course submissions.

**YOU MAY ALSO ENTER, EDIT AND DELETE COURSE OFFERING SCHEDULES ONLINE AT WWW.PROMETRIC.COM**

Course Number <i>(Leave blank if not known)</i>	Course Title	Location of Course <i>(List complete address. Include building/ business name, room/suite number or name 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

NCS-02 (08/08)

Subsequent course offerings or schedule changes must be received at least 30 days in advance of conducting the course. Notify Prometric immediately if a reported course offering is changed or is to be canceled. A provider shall not cancel a course unless the provider gives written notification to all students and to Prometric at least five days before the date of the course. When canceling or changing a course schedule, include the original course schedule information. You may send in your original course schedule with the changes clearly noted.

**MAIL TO:** Prometric, ATTN: North Carolina CE Processing, 1260 Energy Lane, St. Paul, MN 55108. **FAX TO:** 800.735.7977



**North Carolina Department of Insurance  
Continuing Education Program**

**Request for Mailing List**

Mark the type of list requested:

Licenses **Not** Compliant in Current Period  
 Only Agents     Only Adjusters     All Licensees

Licenses both Compliant and Not Compliant  
 Only Agents     Only Adjusters     All Licensees

Lists will be provided in tab-delimited ASCII text format providing the following fields: Name, Address Line 1, Address Line 2, City, State, ZIP Code

Lists will be produced within five business days of order receipt and can be emailed.

I certify that this list will be used for the sole purpose of advertising or promoting North Carolina CE courses for this provider. I acknowledge that any other use of the information will result in the withdrawal of all my course approvals as well as disciplinary action against any North Carolina insurance licensee involved in such misuse.

Provider Number    S\_\_\_\_\_

Provider Name    \_\_\_\_\_

Printed Name of Provider Representative    \_\_\_\_\_

Signature of Provider Representative    \_\_\_\_\_

The fee is \$200.00 per list. Make checks payable to Prometric or provide a credit card authorization. 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.*

**Send request to Prometric, North Carolina CE Processing, St. Paul, MN 55108.**

**North Carolina Department of Insurance  
Continuing Education Program  
Fee Worksheet**

This form is for convenience in preparing course and roster submissions to Prometric. It is not required.

	<u>Number</u>	<u>Sub-total</u>
<b>Course Fees</b>		
Course Approval	_____ @ \$160.00	\$ _____
<b>Roster Fees</b>		
Number of entries _____ X number of credits _____	@ \$1.65	\$ _____
	<b>TOTAL</b>	\$ _____

**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.*