

# Maryland Insurance Administration Continuing Education Program



## Provider Information Packet

Administrative Services Provided by Prometric



July 2010

# Maryland Insurance Administration Provider Information Packet

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# Maryland Insurance Administration Continuing Education Program Introduction

The state of Maryland has contracted with Prometric to provide continuing education (CE) provider and course review services on behalf of the Maryland Insurance Administration (MIA). Prometric handles all transactions and inquiries for approving providers and courses. Prometric also handles roster and schedule submissions and calculates compliance. **The MIA processes all transactions relating to producer name and address changes, license issuance and renewals.**

The Maryland Insurance Administration Regulation 31.03.02 Insurance Agents and Brokers – Continuing Education, subsection .08D, specifically prohibits a Provider from offering a course for credit that has **not had prior approval**. **Providers must submit courses for approval at least 30 days before their first presentation.** Approvals for Providers are perpetual and need not be renewed. CE courses are valid from the date of approval to the end of the biennium period on December 31, on odd numbered years and must be renewed at the end of each continuing education biennium by the affiliated provider. Prometric will send course renewal notices 60-90 days before expiration.

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 all necessary materials are received by Prometric. Samples of acceptable and unacceptable outlines are included herein.

**All CE submissions should be sent to:  
Prometric  
ATTN: Maryland CE  
1260 Energy Lane  
St. Paul, MN 55108**

**Pre-licensing courses must be filed for approval with the Maryland Insurance Administration, not Prometric. Contact MIA at Maryland Insurance Administration, Producer Licensing, 200 St. Paul Place, Suite 2700, Baltimore, MD, 21202 or phone 410.468.2000.**

Providers may use **www.prometric.com**, to submit rosters for completed courses, verify compliance, obtain approved course lists and schedule classes.

Classroom course offering schedules **must** be submitted to Prometric. See Page 21 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 **800.324.4592** or e-mail **Pro.ce-services@prometric.com** 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

- Renewals are on a two-year cycle based on the date of license issuance.
- An agent who is licensed for Property or Casualty, or any subdivision of Property or Casualty, OR Life or Health, or any subdivision of Life or Health, must complete 24 hours of continuing education in the subdivision of insurance for which he or she is licensed (Property/Casualty or Life/Health). In addition all licensees must take 3 hours in the category of ethics.
- An agent who is licensed for BOTH Property or Casualty, or any subdivision of Property or Casualty, AND Life or Health, or any subdivision of Life or Health, must complete 24 hours of continuing education with a minimum of 6 credit hours in one or more courses designated "Property/Casualty" and a minimum of 6 credit hours in one or more courses designated "Life/Health." Of the total hours that all licensees must complete, the licensees must take 3 hours in the category of ethics.
- An agent who is licensed for title must complete 16 credit hours of continuing education in Title or Property/Casualty courses or a combination of both.
- An agent who is licensed for Personal Lines must complete 16 credit hours of continuing education in Personal Lines or Property/Casualty courses or a combination of both.
- An agent with authority to sell health insurance who also sells long-term care insurance shall obtain at least 2 credit hours in a course designated "Long Term Care" or "LH-LTC" in order to renew the license.
- An agent with authority to sell Property/Casualty insurance who also sells Flood insurance shall obtain 2 credit hours in a course designated "Flood" in order to renew the license.

The following individuals are exempt: individuals who are authorized to sell only HMO coverage, Travel insurance and Credit insurance. A licensee who holds the Title line of insurance AND is a Maryland attorney (admitted to practice before the Maryland Court of Appeals) is not required to take CE. Fees:

Course Application (Provider developed course):	\$40.00
Course Application (Using zone reciprocity):	\$25.00
Course Renewal:	\$40.00
Provider Registration:	No fee
Rosters:	\$ .70 per credit per student on paper rosters \$.60 per credit per student on web rosters

Use the Fee Worksheet on Page 22 to prepare your payment. **All payments may be made using American Express, Visa or MasterCard.** More information, including the material in this packet, is available on our Web site at [www.prometric.com](http://www.prometric.com). Any of the materials in this packet may be photocopied.

For further information, contact Prometric:

Phone: **800.324.4592**  
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)

## Maryland Insurance Administration Continuing Education Program Requirements

The Maryland Insurance Administration has adopted the following requirements.

### General Program Requirements

1. All requests for course approval must be submitted at least 30 calendar days in advance of the requested approval date. It is recommended that submissions be made 60 days in advance.
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 Maryland, 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 may be offered for Maryland CE credit. **No course may be conducted for credit until it has been approved.** Only courses that have been approved by the Maryland Insurance Administration may be offered for Maryland pre-licensing credit.
6. No course may be advertised or otherwise promoted as appropriate for Maryland CE credit until it has been approved in writing. The course may be advertised as "approval pending."
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 Maryland-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 require **100% attendance** of each participant.
13. 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.**
14. 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 attendance requirements may receive credit for course completion. Sign-in sheets may not require a Social Security number.
15. 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 7 days of the conclusion of a course. The certificate must contain the name and License 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.
16. Agents will earn credit only once for a course completed in the current biennium regardless of the number of times the same course is taken. If the course is taken during two consecutive renewal periods, there must be at least 6 months between the course completion dates in order to receive credit.
17. Agents will earn a maximum of  $\frac{1}{2}$  of their required CE credits through self-study, correspondence or Internet courses. Exception is for national designation courses.
18. College courses: Each college- or university-completed insurance-related course, approved by the Commissioner, will be assigned 16 hours of CE credit. A passing grade is required.
19. Any licensed person teaching any approved course of instruction at any approved seminar shall receive  $1\frac{1}{2}$  times the approved credit as is granted to all persons attending and successfully completing each course. Credit will be granted once every biennium for each course taught.
20. Course providers must agree that representatives of Prometric and/or its designees, and employees of the MIA 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 MIA the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records.
21. Providers must be able to verify who attended and completed each course for a minimum of three years following the completion of a course.
22. Providers must keep all records pertaining to its Maryland CE activities for a minimum of three years.
23. For a course to be categorized for Ethics credit, the entire course must qualify. Credits for a course will not be split between Ethics and other credits. A maximum of 3 credits may be awarded in the category of ethics. 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.

### Qualifying/Non Qualifying Course Subjects

24. For courses to qualify, they must be of a formal program of learning, which imparts substantive and procedural knowledge relating to the insurance field.
25. The following subjects/topics may not qualify:
- a course in office or business skills, including typing, speed reading or the use of computers, calculator or other machines or equipment, a course in office management, client relations or other matters aimed at improving the operation of the person's business; or a course in salesmanship or product promotion, stress management, time management, psychology, motivation, or written or oral communications.
26. The authorized course coordinator is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet following qualifications:
- minimum of three (3) years experience in the subject matter being taught;
  - a degree in the subject matter being taught; or
  - a minimum of two (2) years recent experience as a licensed insurance agent and a minimum of three (3) months practical experience in the subject matter being taught.

**Note: The Course Instructor must submit biographical and qualification statement or attach a resume with the course application. COMAR 31.03.02.**

### Classroom Courses

27. Students attending classroom courses in preparation for a professional designation exam may receive credit for the classroom hours or exam, but not both.

### Self-study Courses (including Internet and computer-based courses)

28. Self-study courses must include an 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 in either a 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 percentage 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. Self-study examinations are not required to be monitored.
30. The completion date for a self-study course will be the date the exam was taken and passed.
31. 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. Providers must provide Prometric with the means to verify the exam procedures. **In addition, the student must review the text in its entirety prior to being granted access to the exam. Also, the student may NOT be allowed to view the text material while completing the exam.**
32. Correspondence, independent study, and classroom courses will be approved for a maximum of 21 CE credit hours.
33. A course coordinator is an individual who is responsible for organizing a continuing education course, getting it approved by Prometric and supervising the administration of the course after its approval. A course coordinator shall possess ONE OR MORE of the following qualifications:
- a minimum of five (5) years experience as an actively licensed insurance agent;
  - a minimum of three (3) years experience as an administrator of an education program;
  - a degree in education and at least two (2) years experience as a licensed agent; or
  - has been employed full-time in the insurance education field as a coordinator with at least six (6) months experience.

## **Maryland Insurance Administration Continuing Education Program Appeal Procedures**

A CE provider may appeal a decision regarding a course or provider application. If a disagreement arises, the MIA 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: Maryland 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 Maryland Insurance Administration. 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:

**Maryland Insurance Administration  
525 St. Paul Place  
Baltimore, MD 21202-2272**

# **Maryland Insurance Administration**

## **Continuing Education Program**

### **Instructions for Completing the Provider Registration Application**

Organizations providing insurance CE for Maryland 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 10 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 Course Coordinator**

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. The course coordinator must possess ONE OR MORE of the following qualifications:

- a minimum of five (5) years experience as an actively licensed agent;
- a minimum of three (3) years experience as an administrator of an education program;
- a degree in education and at least two (2) years experience as a licensed agent; or
- has been employed full-time in the insurance education field as a coordinator with at least six (6) months experience.

A Course Coordinator **must** submit a biographical and qualification statement.

##### **Voice Phone**

Give the voice phone number, including the area code, where the contact person 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. For a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor or partner or held at least a 50 percent ownership interest. For a corporation, please list all training companies for each owner currently holding at least 50 percent of the voting stock for which any of these owners has been a proprietor or partner or has held at least 50 percent of the voting stock.

**Certification**

You must certify that your organization will abide by all Maryland laws and Insurance Administration 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: Maryland CE  
1260 Energy Lane  
St. Paul, MN 55108**

# Maryland Insurance Administration 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 Course Coordinator			Title
Voice Phone Number: (      )      -	Ext.	Fax Number: (      )      -	E-mail Address (required)
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 MIA requirements regarding Continuing Education. The provider, instructors, monitors and other personnel will comply fully with the MIA 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 Insurance Administration, 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>			
_____		_____	
Course Coordinator Signature*		Date	
<p><b>*Course Coordinator must submit a biographical and qualification statement</b></p>			
<p>Mail to: <b>Prometric</b> <b>Attn: Maryland CE</b> <b>1260 Energy Lane</b> <b>St. Paul, MN 55108</b></p>			
MDP-01 (07/10)			

**Maryland Insurance Administration**  
**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 Maryland 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 a 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 an exam. Credit may be given for self-study courses only when the student passes the exam

**How Will This Course be Taught?**

Check all the methods that will be used to teach this course. A lecture refers to a presentation given by a speaker on a specific insurance topic with some student interaction. A workshop generally has a discussion leader who may make a short presentation and usually will lead a discussion among participants. A panel discussion will typically include two or more subject-matter experts discussing issues surrounding the topic; active participation by the students is usually encouraged. Video teleconference is generally a presentation of a course using video multimedia transmitted to multiple locations at one time or on videotape for viewing at a later date. Videotape courses must be presented and/or facilitated by an on-site instructor, whether viewed at interactive teleconference sites or at a later date.

**Comprehensive Outline**

Attach a comprehensive 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 MIA policies and guidelines and Maryland 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 and examinations.
3. Instructor resumes or biographical statements must be included with course applications.

**Submission**

Send your application form and attachments, along with the appropriate fee in the form of a check or credit card authorization to:

**Prometric  
ATTN: Maryland 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 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.

**Maryland Insurance Administration  
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> <i>(check one)</i>  <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	<b>For classroom only, how will this course be taught?</b> <i>(Check all that apply)</i>  <input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Video/TeleConference <input type="checkbox"/> Other _____	Number of credit hours requested  _____
<p><b>For all courses:</b> Attach refund policy.</p> <p><b>For Classroom courses:</b> 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><b>For Self-Study courses:</b> Include study materials, exam procedures and sample exam.</p> <p><b>Classroom Instructors:</b> Attach a resume or biographical statement.</p> <p><b>Course Concentration Requested:</b></p> <p>_____ Life/Health</p> <p>_____ Life/Health Long Term Care</p> <p>_____ Life-Health/Property-Casualty</p> <p>_____ Property/Casualty (includes Title)</p> <p>_____ Property/Casualty Flood</p> <p>_____ Ethics</p> <p><small>* Select only one credit type. Credits will not be split within a course</small></p> <p><small>*Maximum number of Ethics credits allowed per course is 3. Maximum amount of 21 credits for any other course category.</small></p>		
Has this course been previously approved by Prometric in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, provide Prometric-issued course number.
I, the undersigned, do hereby certify that all information provided herein is true and correct.		
_____ Printed/Typed Name of Authorized Course Coordinator	_____ Signature	_____ Date

Mail to:  
**Prometric**  
**Attn: Maryland 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<br>A. Trends in D&O claim frequency and severity<br>B. Major problem areas<br>1. Federal securities laws<br>2. Mergers/acquisitions<br>3. Pollution claims<br>4. Financial institutions claims<br>5. Third-party claims<br>C. Recent large settlements and judgments            |
| 25 minutes | 8:55 - 9:20   | II. Legal concepts underlying the D&O exposure<br>A. Basic legal duties of Directors and Officers<br>1. Duty of obedience<br>2. Duty of loyalty<br>3. Duty of care<br>B. To whom duties are owed<br>C. Common defenses<br>D. Recent legislation limiting director liability   |
|            | 9:20 – 9:30   | BREAK   |
| 50 minutes | 9:30 - 10:20  | III. Common exclusions<br>A. Public policy exclusions<br>1. Dishonesty<br>2. Gaining an illegal profit or advantage<br>3. Section 16(b) of the Securities Exchange Act<br>4. Return of excessive remuneration<br>B. Intended to be covered elsewhere<br>1. Libel and slander<br>2. Nuclear energy<br>3. Employment practice |
|            | 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>
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**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.

## Instructions for Providers Eligible for NAIC CE Reciprocity

As of July 2010, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Massachusetts
Florida	Puerto Rico
Guam	Virgin Islands

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

1. Be approved as a provider in your state of domicile.
2. 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. Be approved as a Maryland provider. This is a separate application that must be completed before you can apply for course approval
4. Complete the Continuing Education Reciprocity Filing Form for each course.
5. Submit a photocopy of the course approval document from your home state.
6. Pay the course application fee of \$25.00.

Send applications, outlines and fees to:

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

*No other attachments are required.*

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

See Page 18 for instructions on how to report course credits for agents and Page 21 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 22 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	
<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 _____		National Insurance Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type:
<b>Examination Required?</b> <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
<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:

See State Matrix for Instruction Sheet and State Specific Fee Schedule

**SAMPLE**

**MARYLAND INSURANCE ADMINISTRATION  
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.

**For self-study courses, use the date of the exam as the course completion date.**

# Maryland Insurance Administration 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**.

### License Number

Enter the individual's License 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 \$0.70 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 22 to prepare your payment.**

### Submission

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

**Prometric  
ATTN: Maryland 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.**

# Maryland Insurance Continuing Education Course Roster

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

Provider Number

Provider Name

Course Number

Course Title

Completion Date (mm/dd/yyyy)

## Students

License Number	Last Name	First Name	Middle Initial	Instructor (Y or N)
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# Maryland Insurance Administration Continuing Education Program

## Roster Reporting Information

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. 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 at [www.prometric.com](http://www.prometric.com). A Visa, MasterCard, or American Express credit card is required to submit rosters using the Internet.

Course completion must be reported to Prometric within 30 calendar days after completion.

Call **800.324.4592** or e-mail [Pro.ce-services@prometric.com](mailto:Pro.ce-services@prometric.com) if you have questions regarding the Internet roster reporting.

## Transmittal for Roster Reporting

Complete this form and include with all rosters.

**Roster fee is \$0.70 per credit per student, reported by paper.**

For example: 3 students complete a 4-credit course. Fees are  $3 \times 4 \times \$0.70 = \$8.40$   
1 student completes a 30-credit course. Fee is  $1 \times 30 \times \$0.70 = \$21.00$

The enclosed roster contains the following:

\_\_\_\_\_ x \_\_\_\_\_ x .70 = \$ \_\_\_\_\_

Total number of student records	Credit Hours	Fee	Total Fees
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Enclose one credit card authorization or check payable to Prometric for the total fee. Do not send checks from individual students.

***You may 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: Maryland Roster Submissions**  
**1260 Energy Lane**  
**St. Paul, MN 55108**

Submitted by: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Maryland Insurance Administration  
Continuing Education Program  
Course Offering**

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Provider's Contact Person \_\_\_\_\_ Voice Phone Number \_\_\_\_\_

You may enter and edit course offering schedule information at Prometric's Web site: [www.prometric.com](http://www.prometric.com) without using 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: Maryland Course Review, 1260 Energy Lane, St. Paul, MN 55108 or

**FAX TO:** 800.735.7977

**Maryland Insurance Administration  
Continuing Education Program  
Fee Worksheet**

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

<b>Course Fees</b>	<u>Number</u>	<u>Sub-total</u>
Course Approval (Provider developed course)	_____ @ \$40	\$ _____
Course Approval (using zone reciprocity)	_____ @ \$25	\$ _____
Course Renewal Fee	_____ @ \$40	\$ _____
<b>Roster Reporting</b> (requires roster transmittal form on page 20 and roster)		
\$0.70 per credit for each name on roster		\$ _____
	<b>TOTAL</b>	\$ _____

**One check may be written to cover all fee types.**

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