

# **West Virginia Offices of the Insurance Commissioner**

## **Continuing Education Program**



### **Provider Information Packet**

Administrative Services Provided by Prometric



October 2020

# West Virginia Offices of the Insurance Commissioner Continuing Education Program

## Provider Information Packet

### Contents

|  |       |
|--|-------|
| <b>New Program Information</b> .....                                   | 1     |
| <b>Introduction</b> .....  | 3     |
| Continuing Education Program Requirements .....                        | 5-8   |
| Appeal Procedures .....  | 10    |
| Sanctions for Non-Compliance .....                                     | 11    |
| <b>Provider Information</b>  |       |
| Instructions for Completing the Provider Registration Application..... | 12-13 |
| Provider Registration Application (WVP-01) .....                       | 14    |
| <b>Course Information</b>  |       |
| Instructions for Completing the Course Approval Application .....      | 15-16 |
| Course Approval Application (WVC-02).....                              | 17    |
| Sample Acceptable and Unacceptable Course Outlines.....                | 18-19 |
| Sample Affidavit for Self-Study Courses .....                          | 20    |
| Instructions for Providers Eligible for NAIC CE Reciprocity.....       | 21    |
| NAIC Reciprocity Standard Continuing Education Filing Form .....       | 22    |
| <b>Miscellaneous Forms</b>   |       |
| Course Completion Certificate .....                                    | 23    |
| Instructions for Paper Roster Reporting.....                           | 24-25 |
| Course Roster (WVCR-01) .....  | 26    |
| Roster Reporting Information .....                                     | 27    |
| Fee Worksheet .....  | 28    |
| Course Offering Schedule .....   | 29    |

# West Virginia Offices of the Insurance Commissioner

## Continuing Education Program

### Important Notice to Continuing Education Providers

- Prometric has partnered with Sircon Corporation to offer a comprehensive solution to the continuing education needs of West Virginia. Continuing education services are processed through Sircon's Compliance Express® online service. Approved provider and course information has been migrated into the Sircon system. **Providers have retained existing provider and course numbers.**
- **Sircon Agreement: Providers must register and sign a provider agreement to use Compliance Express.** If you do not already have a provider agreement with Sircon, sign up for a Compliance Express account at [www.sircon.com](http://www.sircon.com) by clicking on 'For Education Providers' (under Products and Services) and then clicking on the 'Online Sircon Education Provider Agreement' link. There is no fee to register to use Sircon's Compliance Express®.
- **A fee of \$1.40 per credit per student will be charged for all roster/course completion submissions.**
- **Late Roster Fee:** Rosters/course completions reported after 16 days from the completion date will incur a \$25.00 state mandated fee for the roster as well as an additional \$3.50 per credit per student fee.
- **Course Renewals:** Courses are now effective from the date of course approval for 2 years from the original approval date. Courses are required to be renewed every 2 years for a fee of \$40. Courses may only be renewed for two additional biennia after the original approval date (for a maximum approval period of six years). Providers will be notified 60 days in advance of the course termination date.
- **Roster Reporting: Providers must report course completions/rosters online** through Sircon's Compliance Express® online service. The roster must be submitted within 15 calendar days of course completion.
- **Course Schedules:** Providers are encouraged to input their course information using Sircon's Compliance Express® online service at least 15 days prior to presenting. This will assist producers and adjusters with obtaining information about your courses. A course schedule is required for all classroom courses to allow roster reporting.
- **Course application reviews and new provider registrations:** Prometric will continue to review provider and course submission, however all applications/registrations should be submitted online through Sircon's Compliance Express®.
- **Expedited Course Reviews:** Prometric now offers an expedited course review service. If a provider wishes to have a course reviewed within 3 business days please request an expedited review along with the expedited course review fee of an additional \$50.00 added to the course application fee of \$40.00.

## Introduction

The state of West Virginia has contracted with Prometric to perform continuing education (CE) provider and course review as well as pre-licensing provider and course review services on behalf of the West Virginia Offices of the Insurance Commissioner (the Commissioner). Prometric handles all transactions and inquiries for approving providers and courses. **The Commissioner processes all transactions relating to producer or adjuster name and address changes, license renewals and letters of certification.**

Prometric has partnered with Sircon to offer a comprehensive solution to the continuing education needs of West Virginia. Sircon Compliance Express® is a Web-based CE compliance tracking system that is user-friendly and interactive. This service provides online access for providers to report continuing education credit information of licensees and record completed course rosters. Providers may submit course applications for CE course review, upload electronic attachments and submit course offering schedule information. In addition, Providers may use Sircon's Web site ([www.sircon.com](http://www.sircon.com)) to verify compliance by requesting individual or multiple transcripts.

**Providers are strongly encouraged to use Sircon's Compliance Express® to enter classroom course offering schedules.** Classroom CE course offering schedules must be submitted at least 15 calendar days before the course is offered. Prometric conducts in-person, onsite audits based on course offering schedules.

**Providers must submit courses for approval at least 60 days before their first presentation.**

Approvals for courses are valid (unless revoked or subsequently disapproved) for a 24-month period beginning with the approval date and may be renewed for two additional biennia following the initial approval (for a maximum of six (6) years. Providers will be notified 60 days in advance of course expiration dates.

Providers will be notified of course approval or disapproval within 30 days of the date of receipt of a complete application. If Prometric requests additional information, the provider will have up to 30 days to comply with the request or the course will be disapproved. Samples of acceptable and unacceptable course outlines are on [pages 18 & 19.](#)

Any of the materials in this packet may be photocopied and are available through Prometric's web site: [www.prometric.com](http://www.prometric.com).

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

### Fees

|                                 |  |
|---------------------------------|--|
| Course approval (CE/PE)         | \$40   |
| Expedited course review (CE/PE) | \$50 (in addition to the \$40 fee for a total of \$90)                   |
| Course renewal (CE/PE)          | \$40   |
| Course Roster                   | \$1.40 per credit/per name   |
| Provider registration           | No Fee   |
| Late Roster Fee                 | An additional fee of \$3.50 per credit/per name, plus a \$25 roster fee. |

### **Producer Credit Requirements**

**All licensed resident producers in West Virginia who do not qualify for an exemption must meet the following credit requirements:**

**Twenty-four credit hours every two years (a biennium) are required. Of those, at least 3 credits must be from courses categorized as Ethics**

**Producers who sell only pre-need funeral insurance or only through a telemarketing firm engaged solely in telemarketing insurance products by a scripted presentation filed with, and approved by the Commissioner, may submit an affidavit and have their requirement reduced to six hours. Of those, at least 3 credits must be from courses categorized as Ethics. The affidavit form is located on Prometric's website, [www.prometric.com](http://www.prometric.com) and must be notarized and filed with Prometric between 60 and 90 days prior to the end of the individual's compliance period.**

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

### **Adjuster Credit Requirements**

**Effective July 1, 2021: All licensed resident company, independent, and public adjusters in West Virginia must meet the following credit requirements:**

**Twenty-four credit hours will be required every two years (a biennium). Of those, at least 3 credits must be from courses categorized as Ethics.**

### **Course Renewals**

West Virginia Offices of the Insurance Commissioner now requires continuing education courses to be renewed every two years ensuring all courses are current with the changing trends, departmental changes and state and federal laws. Once a course is approved, it is approved for a two (2) year period from the approval date. In addition, courses may only be renewed for two additional biennia immediately following the initial approval (for a maximum of six (6) years). If a course is altered (greater than 20% material changed) then it must be re-submitted for approval. At the end of the maximum approval period the course will become inactive and a new course approval application must be submitted.

Prometric, in accordance with the above West Virginia change in deliverables shall charge a renewal fee of \$40 for each course renewal. Course renewals are submitted using Sircon's Compliance Express® online service. Providers will be notified 60 days in advance of their course termination dates.

For further information, contact Prometric:

Phone: **800.805.9127**  
Fax: **800.735.7977**

E-mail: **CESupportTeam@prometric.com**  
Web Site: **www.prometric.com**

# West Virginia Offices of the Insurance Commissioner

## Continuing Education Program

### Requirements for Providers

The West Virginia Offices of the Insurance Commissioner has adopted the following requirements. See **Page 11** for information on Sanctions for Non-Compliance.

#### General Program Requirements

1. All requests for course approval must be submitted at least 30 calendar days in advance of the requested approval date. **You may request expedited course review by paying an additional \$50 fee per course. A course review is assured within three business days.**
2. If an approved course is canceled or a student cancels in advance, the provider must refund all fees within 45 days of the cancellation unless a different refund policy is printed on the provider's materials.
3. The class must be held in a facility that complies with the Americans with Disabilities Act.
4. For courses/programs of instruction to qualify, they must:
  - be offered by an approved provider;
  - contribute to the professional competence of a producer or adjuster;
  - be submitted using the appropriate application form and with the appropriate fee for each course;
  - have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
  - use the most recent forms filed in West Virginia, editions and laws to the extent possible;
  - include methods which will be employed by the provider for the improvement of the course;
  - include a bibliography of reference sources; and
  - meet all other CE laws.
5. Only courses that have been approved by Prometric or previously approved by the West Virginia Offices of the Insurance Commissioner may be offered for West Virginia CE credit. **No course may be conducted for credit until it has been approved.**
6. No course may be advertised or otherwise promoted as appropriate for West Virginia CE credit until it has been approved in writing.
7. When a course has been approved for continuing education credit and is advertised, the advertisement shall include:
  - provider name and course title as they appear on the application for provider approval;
  - type of licensee for whom the course would be most applicable;
  - number of West Virginia-approved CE credit hours;
  - whether an exam is required in order to receive CE credit;
  - no guarantees that the student will pass a required exam;
  - no false, deceptive or misleading statements; and
  - all fees and associated expenses.
8. Once approved, a course may not be substantially altered. A substantial alteration is any change that would modify the content or time allocations stated in the course syllabus or would change any of the course topics.
9. Providers may not change a course's content or outline without prior written approval. Failure to obtain written approval in advance of the course may result in a denial of CE credit for the course.
10. Fifty minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for CE credit.
11. Each course must be a minimum of one credit hour.
12. Courses meeting five days or less require 100% attendance of each participant. Courses meeting more than five days require 80% attendance of each participant.

13. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Department and/or its designees, in an official capacity, may audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters and other aspects of instruction. These auditors will not be interfered with while conducting or attempting to conduct an audit. Audits will be conducted with minimal disruption. Providers agree that auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant Prometric and the Department the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records.
14. Providers must be able to verify who attended and completed each course for a minimum of three years following the completion of a course.
15. Providers must keep all records pertaining to its West Virginia CE activities for a minimum of three years.

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

16. For courses to qualify, they must be of a formal program of learning, which contributes directly to the professional competence of a producer.

#### **The following subjects/topics may qualify:**

1. Actuarial mathematics, statistics and probability – in relation to insurance
2. Assigned risk – in relation to insurance
3. Claims adjusting and procedures
4. Courses leading to and maintaining insurance designations
5. Employee benefit plans – in relation to insurance
6. Errors and omissions – in relation to insurance
7. Estate planning/taxation – in relation to insurance
8. Ethics – in relation to insurance
9. Financial planning – in relation to insurance
10. Fundamentals/principles of insurance (including but not limited to: annuities, crop and hail, life, accident and health, property/casualty [P/C], etc.)
11. Fundamentals/principles of Title insurance
12. Insurance accounting/actuarial considerations
13. Insurance contract/policy comparison and analysis
14. Insurance fraud
15. Insurance laws, rules, regulations and regulatory updates
16. Insurance policy provisions
17. Insurance product-specific knowledge
18. Insurance rating/underwriting/claims
19. Insurance tax laws
20. Legal principles – in relation to insurance
21. Long-term care/partnership
22. Loss prevention, control and mitigation – in relation to insurance
23. Managed care
24. Principles of risk management – in relation to insurance
25. Proper uses of insurance products
26. Real Estate Settlement Procedures Act (RESPA) – in relation to insurance
27. Restoration – addresses claims, loss control issues and mitigation – in relation to insurance
28. Retirement planning – in relation to insurance
29. Securities – in relation to insurance
30. Suitability in insurance products
31. Surety bail bond
32. Underwriting principles – in relation to insurance

### 33. Viatical/life settlements – in relation to insurance

Other topics that contribute substantive knowledge relating to the field of insurance and expands the competence of the licensee.

#### **The following subjects/topics may not qualify:**

1. Automation
2. Clerical functions
3. Computer science
4. Computer training/skills or software presentations
5. Courses on investments – stocks, bonds, mutual funds, Financial Industry Regulatory Authority (FINRA)/U.S. Securities and Exchange Commission (SEC) compliance (National Association of Securities Dealers [NASD]/SEC), etc.
6. Courses that are primarily intended to impart knowledge of specific products of specific insurers
7. Customer service
8. General management training
9. Goal-setting
10. Health/stress/exercise management
11. Marketing/telemarketing
12. Motivational training
13. Company and vendor-specific product launches
14. Office skills or equipment or procedures
15. Organizational procedures and internal policies of an individual insurer
16. Personal improvement
17. Prospecting
18. Psychology
19. Relationship building
20. Restoration – promoting products or services
21. Sales training
22. Service standards or service vendors
23. Time management

Other topics or courses not related to insurance knowledge or competence of the licensee.

17. Courses satisfy either General or Ethics requirements and credits may be split within a course. To be categorized for Ethics credit, the entire course must qualify. 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 or adjuster. Case studies and situations must be in the context of the insurance business and highlight the special challenges and opportunities within the insurance industry.

#### **Classroom Courses**

18. 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.

19. Providers must maintain accurate attendance records for each course. Providers must verify the identification of licensees who attend approved courses and must obtain all licensee signatures on a sign-in sheet. Only students meeting minimum attendance requirements may receive credit for course completion.
20. Providers are required to report course completion rosters, within 15 calendar days of course completion, to Prometric using Sircon Compliance Express® online service. The roster must include the name and License number of each licensee. Providers must distribute course completion certificates to all individuals who meet the requirements of the CE course within seven days of the conclusion of a course. The certificate must contain the name and License number of the licensee, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by each licensee, and the name and identification number of the provider.
21. Students attending classroom courses in preparation for a professional designation exam may receive credit for the classroom hours or exam, but not both.
22. College courses: Each college or university completed insurance related course, approved by the Commissioner, will be assigned twelve (12) hours of continuing education credit. A passing grade is required.
23. Any licensed person teaching any approved course of instruction at any approved seminar shall receive the same credit as is granted to all persons attending and successfully completing each course. Credit will be granted once every biennium for each course taught.
24. The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one of the following qualifications:

Property & Casualty Courses – CPCU Professional designation or 3 years current industry experience and AAI or CIC or; five years current industry experience or; holder of a bachelor's degree in insurance.

Life & Health/Accident & Health Courses – CLU, ChFC, FLMI Professional designation (CHC and CEBS for A&S only) or; 3 years current industry experience and LUTCF or FICF or; 5 years current industry experience or; holder of bachelor's degree in insurance.

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

### **Self-Study Courses**

25. Self-study examinations must be proctored by an approved disinterested third-party and graded by the course provider. The proctoring process must ensure that the examination will be completed by the student, **on a closed-book basis without assistance**, and that the specified conditions of administration are observed.
26. No examination by an insurance company may be administered or proctored by its own personnel.
27. Self-study courses must include a proctored examination to receive credit. The proposed exam will be approved with the course. Self-study exams must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to a suggested maximum of 75 questions for very large courses. It is suggested that all questions should be four-alternative multiple choice or completion format and that the use of True/False questions be avoided. All course materials are required to be submitted with the application. Credit hours will be determined by the estimated time it will take a student to study the material, adjusted by the percent of the course content that is acceptable as CE. **Credit will be allowed only if the student receives a grade of 70 percent or greater on the examination.**
28. The completion date for a self-study course will be the date the completed and signed Disinterested Third-Party Affidavit is received by the provider from the student. Certificates of Course Completion should not be issued or made available online until the Affidavit has been received by the provider. Notice of passing the exam should include a statement to that effect and advise the student that the passing notice is NOT a certificate of course completion nor is the date of passing the exam considered the course completion date. The date of completion will be the date the Affidavit is received by the provider.
29. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. The exam may be presented via the Internet, but it must be completely separated from the text while the exam is being presented. The proctor must be physically present as the student takes the exam. The same

affidavit requirement for proctors is in effect. Providers must provide Prometric with the means to verify the exam procedures.

### **Webinars**

30. Webinar courses must follow standard classroom policies in addition to the below stated rules:

- Must be submitted as classroom courses
- A separate course submission is required for webinar courses
- Final exams are not required for webinars
- Providers must have a process to determine when a participant is inactive or not fully engaged, such as when the screen is minimized, or the participant does not answer the polling questions or verification codes.
- For webinars not given in a group setting, no less than two polling questions and/or attendance verification codes must be asked, with appropriate responses provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
- Students in all locations must be able to interact in real time with the instructor and should be able to submit questions and/or comments at any point during the webinar session.
- The provider must have a procedure that informs the students in advance of the course participation requirements and consequences for failing to actively participate in the course.

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

A CE provider may appeal a decision regarding a course or provider application. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with a CE evaluator/auditor, who will discuss the findings and try to resolve the issue by phone.
2. If the appeal cannot be resolved by phone, write to Prometric with the reason(s) for disagreement and reconsideration of the decision. Prometric will respond to the request within 15 business days of receipt. Send requests to:

**Prometric Operations Center  
Attn: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236  
Email: [CE-Appeals@prometric.com](mailto:CE-Appeals@prometric.com)**

3. If you disagree with Prometric's response to your written request, you should then address your request, in writing, to the West Virginia Offices of the Insurance Commissioner. State your reason for disagreeing with the Prometric response and include copies of any correspondence. Send your request within 30 days of receiving Prometric's action to:

**License Division — CE  
West Virginia Offices of the Insurance Commissioner  
900 Pennsylvania Ave, 7<sup>th</sup> Floor  
Charleston, WV 25302**

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

The failure of a licensee to meet the biennial continuing education requirement may result in the suspension of all licenses issued for any kind or kinds of insurance. No further license may be issued to the person for any kind or kinds of insurance until he or she has demonstrated to the satisfaction of the Commissioner that compliance with the continuing education requirements has been met.

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

- Advertising that a course is approved before the Commissioner has granted such approval in writing.
- Submitting a course outline with material inaccuracies, either in length, presentation time, or topic content.
- Presenting or using unapproved material in providing an approved course.
- Failure to conduct a course for the full time specified in the approval request submitted to the Commissioner.
- Preparing and distributing certificates of attendance or completion prior to the completion of the course.
- Failing to issue certificates of attendance or completion to any licensee who satisfactorily completes a course.
- Failing to promptly notify the Commissioner of suspected or known improper activities.
- Other deceptive or improper practices.

A course provider is responsible for the activities of persons conducting, supervising, instructing, proctoring, monitoring, moderating, facilitating, or in any way responsible for the conduct of any of the activities associated with the course.

In addition, the Commissioner may require any one of the following upon finding of a violation of this section:

- Refunding all course tuition and fees to licensees.
- Providing licensees with a suitable course to replace the course that was found in violation.
- Withdrawal of approval of courses sponsored by such provider for a period determined by the Commissioner.

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

Organizations providing insurance CE for West Virginia credit must be reviewed and registered by Prometric using Sircon Compliance Express® online service. You may apply as a provider when you submit your first course for review, a provider number that will allow you to track your courses will be assigned by Prometric.

**Completing the Registration Application**

**Provider Name**

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

**Names and Titles of Owners or Officers**

List the name and title of each individual who has a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a ten percent or greater interest.

**Address**

Provide the complete physical street address, including ZIP code, of the location at which continuing education records will be maintained. In the space provided for a mailing address, you may provide a separate mailing address (such as a Post Office box).

**Authorized Provider Official**

Provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise such as course rosters, course materials, schedules, etc. This person must have the authority to execute agreements on behalf of the provider. Enclose with this application a résumé or other document reflecting the qualifications (experience, professional designations, degrees, licenses held, etc.) of this person.

**Voice Phone**

Give the voice phone number, including the area code, where the Authorized Provider Official may be reached. Also provide a fax number and e-mail address.

**URL**

Give the provider's URL. Prometric will provide a link to this address on its Web site under lists of approved courses available to the public.

**FEIN**

List your Federal Employer ID Number

**Type of Organization**

Check the type that best describes your organization. The "Other" category is intended to cover organizations that do not fit into the previous categories. If you use the "Other" category, briefly describe your organization; your application may be assigned to another category.

**Former Names and Locations**

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor, partner or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of the voting stock, please list all training companies for which any of these owners has been proprietors, partners or has held at least 50 percent of the voting stock.

**Certification**

You must certify that your organization will abide by all West Virginia laws and Offices of the Insurance Commissioner regulations, policies and guidelines regarding insurance continuing education. The Authorized Provider Official must sign this certification.

**Submission**

All applications must be submitted through Sircon's Compliance Express system.

# West Virginia Offices of the Insurance Commissioner

## Continuing Education Program

### Provider Registration Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

|   |   |  |   |
|---|---|--|---|
| Provider Name   |   | FEIN # (Required)  |   |
| Names and Titles of Owners or Officers: <i>Name</i>   |   | <i>Title</i>   |   |
|   |   |  |   |
|   |   |  |   |
| Address   |   |  |   |
| City  | State                                       | ZIP Code   |   |
| Authorized Provider Official  |   | Title  |   |
| Voice Phone Number:<br>(       )       -  | Ext.  | Fax Number:<br>(       )       -   | E-mail Address                          |
| URL: http://www.  |   |  |   |
| Type of Provider:<br>(check one)  | <input type="checkbox"/> Agent Association  | <input type="checkbox"/> Independent / Private School<br>or Organization | <input type="checkbox"/> Other<br>_____ |
|   | <input type="checkbox"/> College/University | <input type="checkbox"/> Insurance Company                               | _____                                   |
| Have you operated under any other name?   | <input type="checkbox"/> Yes                | <input type="checkbox"/> No  |   |
| If yes, provide:  | <i>Name</i>                                 | <i>Address</i>   |   |
|   |   |  |   |
|   |   |  |   |
| <p>I hereby certify that I have read the Commissioner's Administrative requirements regarding Continuing Education. The provider, instructors, monitors and other personnel will comply fully with the Commissioner's requirements relating to the conduct of Insurance Continuing Education courses. I further certify that all instructors/speakers will meet the established minimum requirements and that the provider will comply with the Americans with Disabilities Act and all applicable EEO statutes. I understand that I must notify the Offices of the Insurance Commissioner, in writing, within 15 days of all changes and modifications to all applications. I also certify that the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make a full disclosure constitutes grounds for denial of approval/revocation of approval.</p> |   |  |   |
| _____<br>Provider Official's Signature  |   | _____<br>Date  |   |

**West Virginia Offices of the Insurance Commissioner**  
**Continuing Education Program**  
**Instructions for Completing the Course Approval Application**

Credit is given only for courses that have been approved. You may not advertise or otherwise promote courses as appropriate for West Virginia CE credit until they have been approved. You may not conduct courses for CE credit until you receive written approval from Prometric.

**Completing the Form**

**Provider Name**

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

**Provider Number**

Enter the provider number assigned to your organization by Prometric. If you do not have 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 a monitored, closed-book exam. Credit may be given for self-study courses only when the student passes an exam.

**How Will This Course be Taught?**

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

**Comprehensive Outline**

Attach a comprehensive course outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

1. Divide the outline into sections of approximately 30 minutes each. List the minutes of instruction devoted to each section. The total number of minutes should equal the length of the course.
2. If it is a multiple-session designation course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
3. Include case studies with the outline. Credit will not be assigned for case studies without detail.

### **Previously Approved by Prometric**

Indicate whether Prometric has previously approved this course in another state and if applicable, provide the Prometric-issued course number.

### **Certification**

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable Department policies and guidelines and West Virginia statutes and regulations.

### **Attachments**

1. For classroom courses: annotated course outline. Case studies must be included, if used.
2. For self-study courses: copies of all study materials, total word count (word count should not include table of contents, glossaries, appendixes, or exams) exam procedures, examinations and affidavits for self-study courses.

### **Submission**

**All** applications must be submitted using Sircon's Compliance Express system.

Prometric will review and approve or disapprove course approval applications within **30 days of receipt**. If a course application is not approved, you will be informed of the reason(s). If a course is approved, Prometric will send a course approval certificate indicating the assigned credits.

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

**Course Approval Application**

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

|   |  |  |
|---|--|--|
| Provider Name   |  | Provider Number  |
| Course Title (maximum 40 characters)  |  | Course Number (Leave Blank)  |
| <b>Course Type:</b><br>(check one)<br><br><input type="radio"/> Self-study<br><hr style="width:50%; margin-left:0;"/> <small>(total word count)</small><br><br><input type="radio"/> Classroom  | <b>For classroom only, how will this course be taught?</b><br>(Check all that apply)<br><input type="radio"/> Computer <input type="radio"/> Traditional Classroom<br><input type="radio"/> Correspondence <input type="radio"/> Self-Directed<br><input type="radio"/> Teleconference <input type="radio"/> Online Training/Webinar<br><input type="radio"/> Video/Audio/CD/DVD <input type="radio"/> Seminar/Workshop<br><br>National Insurance Designation? <input type="radio"/> Yes <input type="radio"/> No<br>Designation Type: _____ | <b>Number / Type of credits</b><br><hr style="width:50%; margin-left:0;"/> General<br><hr style="width:50%; margin-left:0;"/> Ethics<br><hr style="width:50%; margin-left:0;"/> Long Term Care<br><hr style="width:50%; margin-left:0;"/> Viatical Settlements<br><hr style="width:50%; margin-left:0;"/> Annuity Suitability<br><br><small>(Credit award may be split within a course )</small> |
| <p><b>For all courses:</b> Attach refund policy and tuition.<br/> <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.<br/> <b>For Self-Study courses:</b> Include study materials, exam procedures and sample exam. <i>Total word count does not include table of contents, glossary, appendixes, indexes and exam.</i></p> |  |  |
| Has this course been previously approved by Prometric in another state? <input type="radio"/> Yes <input type="radio"/> No  |  | If so, provide Prometric-issued course number.   |
| I, the undersigned, do hereby certify that all information provided herein is true and correct.   |  |  |
| _____<br>Printed/Typed Name of<br>Authorized Provider Official  | _____<br>Signature   | _____<br>Date  |

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

**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> |
|---|

**ADVANCED WORKERS COMPENSATION SEMINAR**

- |                       |  |
|-----------------------|--|
| 8:00 a.m. – noon      | I. Introduction  |
|                       | II. Policy coverages   |
|                       | A. Benefits to injured workers   |
|                       | B. Employer liability  |
|                       | III. Writing workers compensation coverages with Middle Atlantic Life and Casualty |
|                       | A. Sales support to producers  |
|                       | B. Price and service comparisons to competitors                                    |
|                       | IV. Use of technology by producers to service clients                              |
|                       | A. Wonder Wizard Claim Reporting Software  |
|                       | B. Visit the Middle Atlantic Life and Casualty interactive Website                 |
| Working luncheon      |  |
| Noon – 1:00 p.m.      | V. Reserving   |
| 1:00 p.m. – 4:00 p.m. | VI. Loss control activities  |
|                       | VII. Case studies  |
|                       | VIII. Panel discussion with experts  |

**Deficiencies in this outline:**

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

**SAMPLE**

**AFFIDAVIT OF PERSONAL RESPONSIBILITY  
To be Signed by Student**

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

\_\_\_\_\_  
Signature (sign in ink only)

\_\_\_\_\_  
Date

**AFFIDAVIT OF EXAM COMPLETION  
To be Completed and Signed by Exam Monitor**

I declare that I personally observed the above named individual during the completion of this examination and also observed that the student received no outside assistance in completing the examination.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
Address where exam was taken

\_\_\_\_\_  
Date exam was taken

\_\_\_\_\_  
Beginning time

\_\_\_\_\_  
Ending time

**MONITOR: DISINTERESTED THIRD PARTY**

\_\_\_\_\_  
Print name of person administering test

\_\_\_\_\_  
Job title of person administering test

\_\_\_\_\_  
Company/agency name

\_\_\_\_\_  
Business phone number

\_\_\_\_\_  
Business mailing address

\_\_\_\_\_  
Signature of person administering test  
(sign in ink only)

\_\_\_\_\_  
Date

## Instructions for Providers Eligible for NAIC CE Reciprocity

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

|                |                |
|----------------|----------------|
| American Samoa | Massachusetts  |
| Florida        | Puerto Rico    |
| Guam           | Virgin Islands |

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

1. 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 West Virginia provider. This is a separate application that must be completed before you can apply for course approval
4. Complete the NAIC Reciprocity Standard Continuing Education Filing Form for each course.
5. Submit a photocopy of the course approval document.
6. Submit a copy of the course outline for classroom courses or the table of contents for self-study courses.

Submit applications and outlines online using **Sircon's Compliance Express®**

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

See **Page 24** for instructions on how to report course credits for agents and **Page 29** for reporting classroom course offering schedules.

## INSTRUCTION SHEET

NOTE: This course may NOT be advertised or offered as approved in the state to which application has been made until approval has been received from the insurance department.

### 1. If you are a PROVIDER filing for approval from the Home State:

- 1.1 Complete all the fields in the “Provider Information” section except “Reciprocal State” and the adjacent “Provider #” fields.
- 1.2 Complete the Course Information Section.
- 1.3 In the “Credit Hours Requested and Course/Hours Decision” section, complete the “Hrs. Requested by Provider” columns, detailing in the respective columns the number of hours for sales – and marketing-related instruction and the number of hours for other insurance-related instruction. Please note the following:
  - 1.3.1 When using this application, which is governed by the NAIC CE Reciprocity Agreement in conjunction with ‘states’ laws, only whole numbers of credit hours will be approved – partial hours will be eliminated.
  - 1.3.2 States that approve sales/marketing topics will consider the hours in the “sales/Mktg” column and the hours in the “Insurance” column when deciding the number of hours to approve. States that do not permit sales/marketing topics as part of continuing education credit hours will only consider the hours shown in the “Insurance” column when making their credit-hour approval decisions.
  - 1.3.3 Contact the individual state to determine whether there are any state specific requirements for submitting courses.
- 1.4 Submit the application form along with required course materials, a detailed course outline, instructor information, if required, and the required course application fee.

### 2. If you are a PROVIDER filing for approval from a Reciprocal State:

- 2.1 Make a sufficient number of photocopies of the Home State approval form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.
- 2.2 On each application, write the Reciprocal State and the provider number assigned to you by that state in the “Reciprocal State” and adjacent “Provider #” fields.
- 2.3 Send the CER application, home state approval, if home state issues one, a detailed course outline, and the required fee to the reciprocal state. If this is a National Course \*, the Providers will be allowed to submit an agenda that must include date, time, each topic and event location in lieu of a detailed course outline.
- 2.4 Subsequent national course offerings should only be reported for events that are conducted in the “home” state.

\* **National Course** is defined as an approved program of instruction in insurance related topics, offered by an approved provider, and leads to a national professional designation or is a course offered to individuals who must update their designation once it is earned.

### 3. If you are the HOME STATE or designated representative of the Home State:

- 3.1 After reviewing the course materials, complete the “Hrs Approved by Home State” column.
  - 3.1.1 Multiple types of credit and delivery methods can be approved using one CER Form.
- 3.2 Enter the date of approval, course # assigned, course approval expiration date. Sign the CER Form OR attach the home state approval form.
- 3.3 If the course is not approved, note it on the bottom of the CER Form.

### 4. If you are the RECIPROCAL STATE or designated representative of the Reciprocal State:

- 4.1 After reviewing “Hrs approved by Home State” complete the “Hrs Approved by Reciprocal State”.
  - 4.1.1 It is unnecessary for each State to perform a substantive review of continuing education courses that have previously been approved by the Home State.
  - 4.1.2 Reciprocal states cannot award different credits than the home state unless certain aspects are not allowed by state law.
- 4.2 Enter the date of approval, course number assigned, course approval expiration date. Sign the CER Form OR attach the reciprocal state approval form.
- 4.3 If the course is not approved, note it on the bottom of the CER Form.
- 4.4 The reciprocal state agrees to approve the CER submission within 30 days of receipt.

**Substantive Review** – A thorough review of the course to confirm compliance with the home state’s applicable laws and regulations for the approval of insurance continuing education. The review includes a determination whether the:

1. Subject matter meets the criteria for insurance education, to include approvable and non-approvable topic guidelines;
2. Provider has procedures for reviewing course material in order to keep it up to date and timely;
3. Course design and instructional strategies are appropriate for the method of delivery;
4. Credit hours are properly calculated based on instruction method;

5. Criteria for completing the course meets the standards applicable to the instruction method.

**\*Drafting Note:** The instructor information matrix was eliminated in 2018 as this information should be readily available on individual state/jurisdiction websites.



**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  |                     | FEIN # (if applicable)           |                          |                     |                                |
| Contact Person   |                     | E-mail Address of Contact Person |                          |                     |                                |
| Phone Number<br>( ) - ext.                                       | Fax Number<br>( ) - | Home State                       | Home State<br>Provider # | Reciprocal<br>State | Reciprocal State<br>Provider # |
| Mailing Address  |                     | City                             | State                    | Zip                 |                                |
| Submitter Name (if different from provider contact person above) |                     |                                  |                          |                     |                                |
| Submitter Phone Number   |                     | E-mail Address of Submitter      |                          |                     |                                |

**Course Information**

|   |  |
|---|--|
| Course Title                            |  |
| Date of Course Offering (if applicable) | Existing Course Number (if applicable) |

**Method of Instruction**

| <u>Non-Contact / Asynchronous*</u>  | <u>Contact / Synchronous*</u>   |
|---|---|
| <p><b>Self – Study</b></p> <p><input type="checkbox"/> Correspondence</p> <p><input type="checkbox"/> On-Line Training (Self-Study)</p> <p><input type="checkbox"/> Recorded Media</p> <p><input type="checkbox"/> Other _____</p> <p>Word Count _____</p> <p>Mandatory Run-time _____<br/>(Interactive Components of Course)</p> | <p><b>Classroom</b></p> <p><input type="checkbox"/> Seminar/Workshop</p> <p><input type="checkbox"/> Other _____</p> <p><b>Webinar</b></p> <p><input type="checkbox"/> Virtual Class/Webinar/Video Conference</p> <p><input type="checkbox"/> Other _____</p> |

**Measurement used for successful completion:**     Attendance     Final Exam     Other

**Is this course open to the public?**     Yes     No

**National Designation?**     Yes     No  
**If yes, Designation Type:** \_\_\_\_\_

Difficulty (Check):     Basic                       Intermediate                       Advanced

**Credit Hours Requested and Course/Hours Decision**

| Course Concentration   | Hrs Requested by |           | Hrs Approved by |           | Hrs Approved by  |           |
|--|------------------|-----------|-----------------|-----------|------------------|-----------|
|  | Provider         | Insurance | Home State      | Insurance | Reciprocal State | Insurance |
| <b>A. Producer Topics:</b><br>(Circle Appropriate Course Concentration)                                      |                  |           |                 |           |                  |           |
| Life / Health  |                  |           |                 |           |                  |           |
| Property / Casualty/Personal Lines   |                  |           |                 |           |                  |           |
| Ethics   |                  |           |                 |           |                  |           |
| General (Applies to all lines)   |                  |           |                 |           |                  |           |
| Insurance Laws   |                  |           |                 |           |                  |           |
| Other (LTC, NFIP, Viaticals, Annuities, etc.)<br>_____   |                  |           |                 |           |                  |           |
| <b>Total Hours</b>   |                  |           |                 |           |                  |           |
| <b>B. Adjuster Topics</b><br>(Circle Appropriate Course Concentration)                                       |                  |           |                 |           |                  |           |
| General  |                  |           |                 |           |                  |           |
| Workers Comp   |                  |           |                 |           |                  |           |
| Ethics   |                  |           |                 |           |                  |           |
| Other _____  |                  |           |                 |           |                  |           |
| <b>Total Hours</b>   |                  |           |                 |           |                  |           |
| <b>C. Public Adjuster</b><br>(Circle Appropriate Course Concentration)                                       |                  |           |                 |           |                  |           |
| General  |                  |           |                 |           |                  |           |
| Ethics   |                  |           |                 |           |                  |           |
| Other _____  |                  |           |                 |           |                  |           |
| <b>Total Hours</b>   |                  |           |                 |           |                  |           |
| <b>Information Below is for Regulator Use Only</b>   |                  |           |                 |           |                  |           |
| Approval Date  |                  |           |                 |           |                  |           |
| Course Number assigned   |                  |           |                 |           |                  |           |
| Course approval expiration date  |                  |           |                 |           |                  |           |
| Signature of Home State<br>Regulator/Representative <b>OR ATTACH</b><br>Provider Home State Approval Form    |                  |           |                 |           |                  |           |
| Signature of Reciprocal State<br>Regulator/Representative <b>OR ATTACH</b><br>Reciprocal State Approval Form |                  |           |                 |           |                  |           |

SAMPLE

**WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER  
CONTINUING EDUCATION  
COURSE COMPLETION CERTIFICATE**

**Name of Student:** \_\_\_\_\_  
**License Number:** \_\_\_\_\_

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

**Course Name:** \_\_\_\_\_  
**Course Number:** \_\_\_\_\_  
**Number of Credits:** \_\_\_\_\_  
**Date of Course Completion:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number (including area code):** \_\_\_\_\_

**Signature of Authorized Provider Official:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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

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

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

***Completions for CE courses must be submitted online using Sircon's Compliance Express®***

The West Virginia Insurance Continuing Education program uses the National Producer Number (NPN) not Social Security Number as the unique individual identifier. The NPN is also the West Virginia License Number. You must obtain this number with the registration or attendance procedures so that it can be used on rosters. **The number is printed on West Virginia licenses below the licensee's name.**

Accuracy in roster submission is essential. Key entry errors or transpositions in license numbers result in the need for corrections and delay in credits being recorded for licensees. 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 completion must be reported to Prometric via Sircon's website, [www.sircon.com](http://www.sircon.com), within 15 days of course completion.** If an instructor holds a West Virginia producer or adjuster license, he or she should be listed as a student in order to receive credits.

**Confirmation:** Course instructors **must** inform the licensees that they must retain in their files, the **original certificates of compliance as official evidence of compliance of their West Virginia CE.** Providers can confirm that a roster submission has been received and posted by checking the Sircon's website at [www.sircon.com](http://www.sircon.com)

- **The roster form may not be used as the sign-in form.**

## **Fees**

The reporting fee is \$1.40 per credit for each student name on the roster. When submitting a roster online using Compliance Express an invoice will be issued at the end of each month for fees incurred. When submitting a late paper roster to Prometric enclose a company check, cashier's check, money order or credit card authorization payable to Prometric. Multiple checks from licensees will not be accepted. A single payment may be used to cover multiple roster submissions.

***You may pay the Prometric fee using American Express, Visa or MasterCard.  
If your card is denied, the transaction will not be processed.***

**Use the Fee Worksheet on **Page 28** to prepare your Prometric payment.**

## **Submission**

Submit the roster(s) online at [www.sircon.com](http://www.sircon.com)

or

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

**Prometric Operations Center  
Attn: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

***(Any communications that contain credit card information should be sent to the following email address: [ceprocessing@prometric.com](mailto:ceprocessing@prometric.com))***

# West Virginia Insurance Continuing Education Course Roster

**Rosters must be submitted within 15 calendar days of the course completion date online with Sircon. This form should be used if more than 30 days have passed.**

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

Provider Number

Provider Name

Course Number

Course Title

Completion Date (mm/dd/yyyy)

## Students

| WV National Producer Number | Last Name            | First Name           | Middle Initial       |
|-----------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

|                    | <u>Number</u> | <u>Sub-total</u> |
|--------------------|---------------|------------------|
| <b>Course Fees</b> |               |                  |
| Course Approval    | _____ @ \$40  | \$ _____         |

### Roster Reporting

(Requires Roster Transmittal Form on page 26 and Roster)

For example:

3 students complete a 4-credit course. Fees due would be  $3 \times 4 \times \$1.40 = \$16.80$

1 student completes a 30-credit course. Fees due would be  $1 \times 30 \times \$1.40 = \$42.00$

|                                    |   |              |   |        |   |    |            |
|------------------------------------|---|--------------|---|--------|---|----|------------|
| _____                              | x | _____        | x | \$1.40 | = | \$ | _____      |
| Total number of<br>Student Records |   | Credit Hours |   | Fee    |   |    | Total Fees |

**TOTAL**                      \$ \_\_\_\_\_

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

**Payment may be made by company check, cashier's check or money order.**

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

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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

**Send to:**

**Prometric Operations Center  
Attn: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

*(Any communications that contain credit card information should be sent to the following email address: [ceprocessing@prometric.com](mailto:ceprocessing@prometric.com))*

**West Virginia Office of the Insurance Commissioner**  
**Instructions for Completing the Course Offering Schedule**

Report all course offerings to Prometric at least 10 days in advance of conducting the course. Notify Prometric immediately of course offering changes or cancellations; this notification must be done before the class.

*YOU MAY ENTER, EDIT AND DELETE COURSE OFFERING SCHEDULES ONLINE AT [WWW.SIRCON.COM](http://WWW.SIRCON.COM)*

**Changes of Cancellations**

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.

**Completing the Form**

Schedule information may, at the discretion of Prometric, be accepted in another format. At time of online submission, the sponsor must provide all of the information listed.

**Location**

Indicate city, state, complete street address with suite number, building name, if applicable, and ZIP code. If the course will be held in a hotel or restaurant, indicate the name of the hotel or restaurant. If the course will be held at an agency or insurance company, give the name of the firm where the course will be held.

**Schedule**

Indicate the dates held and beginning and ending times for the courses. If the course is part of a longer training session including non-approved material, indicate only the time for the approved section. Weekly classes must give day of week, number of sessions, beginning and ending dates, and any dates class will not be held.

**Contact Person and Phone**

The contact person at the location is often the instructor or registrar/door monitor. Indicate the phone number at the location of the class, not the sponsor's office phone.