



**Office of the Commissioner of Insurance  
Instructor Certification Request (There is no fee for this request.)**

**SECTION ONE - PROVIDER INFORMATION/COURSE ASSIGNMENT FOR INSTRUCTOR**

Provider Name	Provider ID Number
Course Name and Course ID Number	

**SECTION TWO - INSTRUCTOR INFORMATION**

Instructor Last Name	First Name	Middle Name	Birthdate (Month/Year)
By what other names have you been known? If none, so state.			Insurance Agent License Number
Home Street Address			
City	State	Zip Code	
Business Phone ( ) ext.			

**SECTION THREE – PROVIDER CERTIFIES THE PROPOSED INSTRUCTOR FULFILLS ALL STATE REQUIREMENTS**

The provider's authorized representative signing above certifies that the above-named instructor is experienced and qualified to teach the above-named course, and satisfies at least one of the following. Check all that applies:

- 1. An instructor who is or has been engaged in the insurance industry or the practice of teaching insurance courses for at least the last three (3) years.
- 2. Is a properly licensed insurance intermediary for the past five (5) years and demonstrates to the Commissioner that he or she is of good character and has the knowledge and breadth of experience in the subject area for which he or she will be providing instruction.
- 3. Instructor holds a professional designation or successor designation set forth in s. Ins 26.04 (2), Wis. Adm. Code. Please list designations. \_\_\_\_\_
- 4. Is a member of the state bar in a state of the District of Columbia and engaged in insurance related law.
- 5. Is a certified public accountant licensed in a state of the District of Columbia and engaged in insurance related practice.

**Authorized Representative**

First Name	Last Name	Suffix
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**I, the undersigned, do hereby certify that this instructor meets all state requirements**

**Authorized Representative Signature**

**Date**

**Email**

**Phone**

Complete at least one Instructor Certification Request Form for each course, and multiple forms for any course that is being conducted by multiple instructors. For approved course only, send additions or changes either by e-mail at [pro.ce-services@prometric.com](mailto:pro.ce-services@prometric.com) or by mail to **Prometric Operations Center, Attn: Continuing Education Processing 7941 Corporate Drive, Nottingham, MD 21236**