

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

## **Pre-Licensing Education Program**



## **Provider Information Packet**

Administrative Services Provided by Prometric



August 2022

**West Virginia Offices of the Insurance Commissioner**  
**Pre-Licensing Education Program**  
**Provider Information Packet**

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## West Virginia Offices of the Insurance Commissioner Pre-Licensing Education Program

### Important Notice to Pre-Licensing Education Providers

- Prometric has partnered with Sircon Corporation to offer a comprehensive solution to the pre-licensing education needs of West Virginia. Pre-Licensing education services are processed through Sircon's Compliance Express® online service.
- **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.
- **Course Renewals:** Courses are 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.
- **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 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 pre-licensing (PE) 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 name and address changes, license renewals and letters of certification.**

Prometric has partnered with Sircon to offer a comprehensive solution to the pre-licensing 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 pre-licensing education credit information of licensees and record completed course rosters. Providers may submit course applications for PE course review, upload electronic attachments and submit course offering schedule information.

**Providers are strongly encouraged to use Sircon's Compliance Express to enter classroom course offering schedules.** Classroom PE 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.**

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 16 & 17.

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   |
| Provider registration           | No Fee   |

## Course Renewals

West Virginia Offices of the Insurance Commissioner now requires pre-licensing 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 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 may be submitted using Sircon's Compliance Express® online service or by mailing the course renewal applications and fees to Prometric. Providers will be notified 60 days in advance of their course termination dates.

For further information, contact Prometric:

Phone: **800.805.9127**  
Fax: **Do Not Fax**

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

# WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER

## BOARD OF INSURANCE AGENT EDUCATION

### Pre-Licensing Information Packet

All required pre-licensing education documentation and forms are contained in this packet. Please make sure you have received all documents and forms required for submission and operation of approved schools.

#### **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. The Application for School Approval form must be submitted by an official of the school. The Statement must be signed by an official of the school. Signatures of each authorized school official **MUST** be submitted. See item No. 7 on the Application for Pre-Licensing School Approval form.
5. Guidelines for instructor eligibility are established in the General Rules and Guidelines. Instructors **MUST BE REGISTERED** with Prometric **PRIOR** to conducting class.
6. For courses/programs of instruction to qualify, they must:
  - be offered by an approved provider;
  - contribute to the professional competence of a producer;
  - be submitted using the appropriate application form and with the appropriate fee for each course;
  - have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
  - use the most recent forms filed in West Virginia, editions and laws to the extent possible;
  - include methods which will be employed by the provider for the improvement of the course;
  - include a bibliography of reference sources; and
  - meet all other PE laws.
7. 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 PE credit. **No course may be conducted for credit until it has been approved.**
8. No course may be advertised or otherwise promoted as appropriate for West Virginia PE credit until it has been approved in writing.
9. 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 PE credit hours;
  - whether an exam is required in order to receive PE credit;
  - no guarantees that the student will pass a required exam;
  - no false, deceptive or misleading statements; and
  - all fees and associated expenses.

10. 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.
11. 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 PE credit for the course.
12. Fifty minutes will qualify for one PE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for PE credit.
13. Each course must be a minimum of one credit hour.
14. Courses meeting five days or less require 100% attendance of each participant. Courses meeting more than five days require 80% attendance of each participant.
15. 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.
16. Providers must be able to verify who attended and completed each course for a minimum of three years following the completion of a course.
17. Providers must keep all records pertaining to its West Virginia PE activities for a minimum of three years.

### **Classroom Courses**

18. Instruction as required by course outline not to exceed 8 hours per day.
19. Meaningful classroom instruction is required for the total minimum hours. Marketing, sales techniques and final exam are not to be included in the hour total.
20. Class schedules must be filed with Prometric at least fifteen calendar days prior to the beginning of a course. Specific dates, times, assigned instructors and location of classes MUST be included.
21. Prometric and the Offices of the Insurance Commissioner personnel shall at all times be permitted to observe the instruction of approved courses.
22. Comprehensive final exam with a passing grade of 70% or better.

### **Correspondence/Self-Study Courses**

23. Self-study programs must be those approved by Prometric and must include a final comprehensive exam.
24. 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.
25. Grading/scoring must be done by original publisher/provider of the self-study program.

### **Webinars**

26. The webinar must contain a downloadable written text portion as well as a lecture for each chapter.

27. Require each agent to enroll for the course before having access to course material.
28. Prevent access to the course exam before review of the course materials.
29. Prevent downloading of any course exam.
30. Webinars must be those approved by Prometric.

### **Course Outlines**

31. Approved course outlines must cover the specific approved Board topics within the suggested time allowed, in any sequence. The course exam content must be weighted toward the suggested hours indicated in the course outline.
32. Programmed instruction materials are acceptable as part of a classroom study material.
33. The students must be provided with the following study material:
  - a) Appropriate text material
  - b) The course outline
  - c) West Virginia Candidate Bulletin as published by PearsonVue
34. It is suggested that the material remain in the property of the student for use AFTER completing the course.
35. Course Outline Minimums:
  - **A minimum of 20 hours Pre-licensing education for Life Only**
  - **A minimum of 20 hours Pre-licensing education for Accident & Sickness Only**
  - **A minimum of 20 hours Pre-licensing education for Personal Lines**
  - **A minimum of 40 hours Pre-licensing education for Property & Casualty**
  - **A minimum of 40 hours Pre-licensing education for Life, Accident & Sickness**

### **Student Registration Form**

36. The student registration form is intended to be a full disclosure statement to the student.
37. Course tuition, time and location and study material to be used will be reported to the student on this form.
38. Signature of the authorized school official and the student must appear on this form to be considered complete.
39. A copy of the completed form, including signatures, must be provided to the student at the time of registration. The company portion of the "Student Registration" form must be completely filled in before distributing it to students. The school must retain the original registration form for two years after course completion and it shall be available for inspection by Department/Prometric personnel.

NOTE: The Board will NOT address tuition reimbursement issues between schools and students.

### **Course Completions**

40. Course Completion Certificates are valid for four (4) months after course completion.
41. A Certificate of Course Completion must be submitted by the student to the Test Center at the time of examination along with two forms of identification.
42. Certificates submitted to the test center supervisor must have an ORIGINAL signature. Electronic copies of course certificates may be presented to the testing center for application of licensure. An electronic copy is printed from a printer. Students must retain the original or electronic copy of the Certificate for submission to the Department of Insurance for licensing.
43. No licensing test will be administered without evidence of course completion.



### **Instructor Qualifications**

44. The Application for Instructor Approval must be submitted to Prometric by the school official and must be approved by Prometric prior to conducting a class.
45. Instructors must possess good character and reputation and must meet one of the following requirements.

#### **Property & Casualty**

- a. CPCU - Professional designation
- b. 3 years current industry experience & AAI or CIC
- c. 5 years current industry experience
- d. Holder of Bachelor's degree in insurance V. (continued)

#### **Life & Health/Accident & Health Only**

- e. CLU, ChFC, FLMI - professional designation (CHC & CEBS for A&S only)
- f. 3 years current industry experience & LUTCF
- g. 5 years current industry experience
- h. Holder of Bachelor's degree in insurance

\*Persons filing under (c) and or (g) above MUST include verification of 5 years MINIMUM current experience in the industry.

\* Webinars – Instructor approval is not required if there is no interaction with the candidate (i.e., videotaped presentation). If there is interaction such as questions & answers and/or an online discussion, the instructor will need approval by Prometric.

### **Additional Filing Instructions**

46. On the School Approval Form, Sections 2 and 7, the name of the approved school is the name of the insurance company, college, private institution or trade association, which will appear on all correspondence and lists provided to interested parties.
47. The name of the school official is the person who is responsible for the quality of the educational program, and who is directly responsible for the duties of the program director and of the course instructors.
48. Facsimile stamps are NOT acceptable on ANY forms submitted to Prometric or the Department of Insurance.
49. Requests for school approval or instructor approval forms, class schedules or class roster forms. All signatures MUST be original or an electronic copy and be LEGIBLE.

### **Renewal of Approved Schools and Instructors**

50. Renewal notices will be sent to providers 60-90 days prior to the expiration date.
51. Courses are valid for a 2-year period from the date of approval.

**West Virginia Offices of the Insurance Commissioner**  
**Pre-Licensing Education Program**  
**Instructions for Completing the School Approval Application**

Organizations providing pre-licensing courses for West Virginia credit must be reviewed and registered by Prometric using Sircon Compliance Express® online service or by mailing the application to Prometric. You may apply as an approved school 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**

**School 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 School 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 pre-licensing insurance education. The Authorized Provider Official must sign this certification.

**Submission**

Submit the registration application and refund policy by mail to:

**Prometric Operations Center  
Attn: Pre-Licensing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236  
Email: CESupportTeam@Prometric.com**

**West Virginia Offices of the Insurance Commissioner**  
**APPLICATION FOR PRE-LICENSING SCHOOL APPROVAL**  
 (Form PL789A)

**PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED**

|  |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
|--|---------------------------|-------|----------------------------------|-----------|--|-----------|--|-----------------------|--|--------------------------|--|----------------|--|---------------------------|--|--|
| School 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: <input type="checkbox"/> Trade Association <input type="checkbox"/> Community/Tech College <input type="checkbox"/> Private<br>(check one) <input type="checkbox"/> College/University <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other   |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| Course(s) for which approval is sought (Indicate Course(s)) -- Provide All Requested Information:  |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 40%;">Life Only</td> <td style="width: 20%;"></td> <td style="width: 40%;">Property and Casualty</td> </tr> <tr> <td></td> <td>Accident &amp; Sickness Only</td> <td></td> <td>Personal Lines</td> </tr> <tr> <td></td> <td>Life, Accident &amp; Sickness</td> <td></td> <td></td> </tr> </table>   |                           |       |                                  |           |  | Life Only |  | Property and Casualty |  | Accident & Sickness Only |  | Personal Lines |  | Life, Accident & Sickness |  |  |
|  | Life Only                 |       | Property and Casualty            |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
|  | Accident & Sickness Only  |       | Personal Lines                   |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
|  | Life, Accident & Sickness |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| Use separate sheet for additional text material. All text must be annotated to the Board Outline   |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| Textbook Title: _____  |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| Author and Edition: _____  |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| <b>APPLICANT:</b> If answer to either question is "Yes", Attach Statement Providing Complete details:<br><ul style="list-style-type: none"> <li>Have you ever been denied an insurance license or had any professional/occupation license suspended, revoked or surrendered in WV or elsewhere?</li> <li>Have you ever been convicted of a felony?</li> </ul>  |                           |       | <b>YES</b>                       | <b>NO</b> |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| <b>Statement of Compliance:</b><br>I hereby certify that I have read the Insurance Commissioner's requirements as set forth by the Board of Insurance Agent Education regarding school courses, instructors, and general information and that the school and its instructors will comply fully with the Commissioner's requirements relating to the conduct of insurance pre-licensing courses. I further certify that all instructors will meet the Board established minimum requirements and that school facilities are designed and equipped to assure full and free access by handicapped persons, but failing this, I certify that school personnel will be available before, during and after scheduled classes to assist any handicapped person as may be necessary.<br><br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">           _____<br/>           Provider Official's Signature         </div> <div style="width: 45%; text-align: center;">           _____<br/>           Date         </div> </div> |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |
| WVP-01 (8/16)  |                           |       |                                  |           |  |           |  |                       |  |                          |  |                |  |                           |  |  |

**West Virginia Offices of the Insurance Commissioner**  
**Pre-Licensing 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 PE credit until they have been approved. You may not conduct courses for PE 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**

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

**Prometric Operations Center  
Attn: Pre-Licensing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236  
Email: CESupportTeam@Prometric.com**

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

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

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

**West Virginia Offices of the Insurance Commissioner  
Pre-Licensing Education Program**

**Pre-Licensing Course Approval Application**

|   |  |  |
|---|--|--|
| School Name   |  | School ID  |
| Course Title (maximum 40 characters)  |  | Course Number (Leave Blank)  |
| <b>Course Type:</b><br><i>(check one)</i><br><br><input type="checkbox"/> Self-study<br><input type="checkbox"/> Classroom  | <b>For classroom only, how will this course be taught?</b><br><i>(Check all that apply)</i><br><br><input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion<br><input type="checkbox"/> Workshop <input type="checkbox"/> Video/TeleConference<br><input type="checkbox"/> Other _____ | <b>Type of credits requested</b><br><input type="checkbox"/> General |
| <p><b>For all courses:</b> Attach refund policy and tuition.</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>   |  |  |
| 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.                       |
| <p>I, the undersigned, do hereby certify that all information provided herein is true and correct.</p><br><br><br><br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;">           _____<br/>           Printed/Typed Name of<br/>Authorized Provider Official         </div> <div style="width: 30%; text-align: center;">           _____<br/>           Signature         </div> <div style="width: 30%; text-align: center;">           _____<br/>           Date         </div> </div> |  |  |

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Mail to:  
**Prometric Operations Center**  
**Attn: Pre-Licensing Education Processing**  
**7941 Corporate Drive**  
**Nottingham, MD 21236**

|   |
|---|
| <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 <ol style="list-style-type: none"> <li>1. Federal securities laws</li> <li>2. Mergers/acquisitions</li> <li>3. Pollution claims</li> <li>4. Financial institutions claims</li> <li>5. Third-party claims</li> </ol> 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 <ol style="list-style-type: none"> <li>1. Duty of obedience</li> <li>2. Duty of loyalty</li> <li>3. Duty of care</li> </ol> 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 <ol style="list-style-type: none"> <li>1. Dishonesty</li> <li>2. Gaining an illegal profit or advantage</li> <li>3. Section 16(b) of the Securities Exchange Act</li> <li>4. Return of excessive remuneration</li> </ol> B. Intended to be covered elsewhere <ol style="list-style-type: none"> <li>1. Libel and slander</li> <li>2. Nuclear energy</li> <li>3. Employment practice</li> </ol> |
|            | 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.

**West Virginia Offices of the Insurance Commissioner**  
**APPLICATION FOR INSTRUCTOR APPROVAL**  
 (Form PL789B)

|   |                  |           |
|---|------------------|-----------|
| School Name:  | School I.D. #    |           |
| Full Name & Professional Designations:  |                  |           |
| Residence Address:  | Residence Phone: |           |
| Business Address:   | Business Phone:  |           |
| Address of Sponsoring School:   |                  |           |
| Class location (if multiple locations approved):  |                  |           |
| <b>If Answer to one or all of the following questions is "Yes", Attach Statement Providing Complete Details</b>   | <b>YES</b>       | <b>NO</b> |
| Have you ever been denied an insurance license or had any professional/occupation license suspended, revoked or surrendered in West Virginia or elsewhere?  |                  |           |
| I DO instruct pre-licensing courses for other approved pre-licensing education school(s)  |                  |           |
| I HAVE instructed for other approved pre-licensing education school(s)  |                  |           |
| Name of School(s):  |                  |           |
| Recommendation by Company Official or Supervisory Program Director<br>I hereby recommend this instructor to teach the course(s) indicated in item #3 above.<br><br>Signature _____ Date _____<br>Name (Print) _____ Title _____   |                  |           |
| *Class location is approved location for which Instructor plans to teach.<br>* Webinars – Instructor approval is not required if there is no interaction with the candidate (i.e., videotaped presentation). If there is interaction such as questions & answers and/or an online discussion, the instructor will need approval by Prometric. |                  |           |

| <b>Education and Teaching Experience</b>   |
|--|
| * * MOST RELEVANT INSURANCE BACKGROUND * * |
| Name/Title:                                |
| School or Sponsoring Organization          |
| Subject Area Covered                       |
| Number of Classroom hours                  |
| Dates Completed                            |

| <b>INSURANCE RELATED WORK EXPERIENCE</b> |       |     |
|--|-------|-----|
| List most recent experience first        |       |     |
| Employer                                 | From: | To: |

|  |       |                  |
|--|-------|------------------|
| Position title and description of duties |       |                  |
| Supervisor Name                          |       | Supervisor Phone |
| Employer                                 | From: | To:              |
| Position title and description of duties |       |                  |
| Supervisor Name                          |       | Supervisor Phone |
| Employer                                 | From: | To:              |
| Position title and description of duties |       |                  |
| Supervisor Name                          |       | Supervisor Phone |

**Signature of Instructor**

I certify the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial or approval or for suspension/revocation of approval if granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**West Virginia Offices of the Insurance Commissioner**  
**SCHEDULE OF CLASSES**  
 (Form PL789C)

**CLASS SCHEDULES MUST BE SUBMITTED TO THIS OFFICE 10 DAYS PRIOR TO THE BEGINNING OF A CLASS.**

ANY DEPARTURES FROM THIS SCHEDULE MUST BE SUBMITTED IMMEDIATELY TO PROMETRIC.

PLEASE TYPE OR PRINT LEGIBLY

|   |  |  |   |   |  |                          |  |
|---|--|--|---|---|--|--------------------------|--|
| School Name:  | School I.D. #:                                 |  |   |   |  |                          |  |
| Street Address  |  |  |   |   |  |                          |  |
| City/State/Zip:   | Phone:   |  |   |   |  |                          |  |
| Completed by<br>(Authorized School Official)  |  |  |   |   |  |                          |  |
| Mark Only One:  |  |  |   |   |  |                          |  |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Life Only</td> <td style="width: 50%;"><input type="checkbox"/> Property and Casualty</td> </tr> <tr> <td><input type="checkbox"/> Accident &amp; Sickness Only</td> <td><input type="checkbox"/> Personal Lines</td> </tr> <tr> <td><input type="checkbox"/> Life, Accident &amp; Sickness</td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> Life Only             | <input type="checkbox"/> Property and Casualty | <input type="checkbox"/> Accident & Sickness Only | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Life, Accident & Sickness | <input type="checkbox"/> |  |
| <input type="checkbox"/> Life Only  | <input type="checkbox"/> Property and Casualty |  |   |   |  |                          |  |
| <input type="checkbox"/> Accident & Sickness Only   | <input type="checkbox"/> Personal Lines        |  |   |   |  |                          |  |
| <input type="checkbox"/> Life, Accident & Sickness  | <input type="checkbox"/>                       |  |   |   |  |                          |  |
| Scheduled Instructor(s)   |  |  |   |   |  |                          |  |
| Begin Date  | End Date                                       | Time   | Location (Complete Address)                       |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |
|   |  |  |   |   |  |                          |  |

Classes meeting for a full day MUST have additional time allotted for a meal break.  
 Example: Class scheduled from 9am to 5pm for 8 hrs. credit does not allow for a meal break and will not be approved by Prometric.

***ALL CLASSES ARE SUBJECT TO AUDIT WITHOUT PRIOR NOTICE***

**\*Submission of Class Rosters do not apply to Webinars.**

**West Virginia Offices of the Insurance Commissioner**  
**STUDENT REGISTRATION**  
 (Form PL789D)

**TO BE COMPLETED BY SCHOOL OFFICIAL**

|                              |                           |
|------------------------------|---------------------------|
| School Name                  | School ID                 |
| CLASS TYPE (check one only): |                           |
| <input type="checkbox"/>     | Life Only                 |
| <input type="checkbox"/>     | Accident & Sickness Only  |
| <input type="checkbox"/>     | Life, Accident & Sickness |
| Property and Casualty        |                           |
| Personal Lines               |                           |
| Location of Class            |                           |
| Begin/End Date               |                           |
| Instructor                   |                           |

**Study Materials (explain)**

|  |              |               |
|--|--------------|---------------|
| (A) Text (circle one)  |              |               |
| i. Text and other materials to be the property of:                           | Student      | School        |
| ii. If property of the school, text and materials collected from student at: | End of Class | End of Course |
| (B) Outline  |              |               |
| (C) Other  |              |               |

**School Fees**

|   |                    |          |
|---|--------------------|----------|
| Tuition \$  | Study Materials \$ | Other \$ |
| *School Tuition and fee refund policy must be provided to the student at time of registrations* |                    |          |
| Authorized School Official Signature  |                    | Date     |
| School Official's Name (print or type)  |                    | Title    |

**TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature required**  
 (Please print)

|                   |            |
|-------------------|------------|
| Name              | Soc. Sec # |
| Address           |            |
| Date              |            |
| Student Signature |            |

\*THE SCHOOL MUST PROVIDE A COPY OF THE COMPLETED FORM TO THE STUDENT.  
 \*SCHOOL MAINTAINS ORIGINAL FORM FOR 2 YEARS PER DEPARTMENT GUIDELINES.  
 \*DO NOT SEND THIS FORM TO THE INSURANCE COMMISSIONER'S OFFICE

**WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER  
CERTIFICATE OF PRE-LICENSING COURSE COMPLETION**

(Form PL789E)

|                |                    |
|----------------|--------------------|
| Student Name   | Date               |
| Name of School | School ID          |
| Class Location | Date of Completion |
| Course Title   | Instruction Method |

*Instruction Method = Classroom, Webinar, Self-Study*

**EVALUATIONS:**

**Course and Instructor evaluations (1 & 2) to be completed for Classroom Courses ONLY  
Course exam evaluation (3) to be completed for all instruction methods including Webinar/Self-Study**

***ERRORS CAN'T BE CORRECTED OR PROBLEMS SOLVED UNLESS THEY ARE IDENTIFIED***

PLEASE SHARE YOUR CONCERNS, CRITICISMS AND CONCERNS IN THE COMMENTS SECTION BELOW.

|   |                        |               |           |
|---|------------------------|---------------|-----------|
| <b>1 - Course Evaluation: (Classroom courses only)</b>  |                        | <b>Yes</b>    | <b>No</b> |
| Classroom Conditions? (Please use: <i>Excellent, Good, Fair, or Poor</i> )  |                        |               |           |
| Did classes conform to published class schedule?  |                        |               |           |
| Were you provided a copy of the Board course outline?   |                        |               |           |
| Were you permitted to keep the study material used during the course?   |                        |               |           |
| If no, when was it collected? (Enter response in space provided)  |                        |               |           |
| <b>2 - Instructor Evaluation: (Classroom courses only)</b>  |                        |               |           |
| Please evaluate your instructor. This should be your overall reaction to the instructor's organization, knowledge, and ability to communicate study material to the class.<br>(Please offer comments below)   |                        |               |           |
| <b>Subject</b><br><br><input type="checkbox"/> Life Only<br><input type="checkbox"/> Accident & Sickness Only<br><input type="checkbox"/> Life, Accident, & Sickness<br><input type="checkbox"/> Property Only<br><input type="checkbox"/> Casualty Only<br><input type="checkbox"/> Property & Casualty<br><input type="checkbox"/> Personal Lines | <b>Instructor Name</b> | <b>Rating</b> |           |
| E = Excellent    G = Good    F = Fair    P = Poor   |                        |               |           |
| Was live instruction provided for the total hours by designated instructor(s)?  |                        |               |           |
| Did the instructor present the material in a clear and concise manner?  |                        |               |           |
| Did the instructor(s) know the material & was he/she prepared for the class?  |                        |               |           |
| <b>3 - Course Exam Evaluation: (All instruction methods including Webinar/Self-Study)</b>   |                        | <b>Yes</b>    | <b>No</b> |
| Did the exam questions cover the course material adequately?  |                        |               |           |
| Were the exam questions clear and worded properly?  |                        |               |           |
| Was the exam weighted toward the course evenly?<br>(i.e., number of questions to amount of coverage during course)  |                        |               |           |
| Have you seen any of the exam questions prior to sitting for the exam?<br>(i.e., in study material, sample quizzes, etc.)   |                        |               |           |
| <b>COMMENTS</b> (Comments may be passed on to school officials however your identity will not be divulged)  |                        |               |           |

**West Virginia Offices of the Insurance Commissioner  
Pre-Licensing 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    | _____ @ \$40  | \$ _____         |
|                    | <b>TOTAL</b>  | <b>\$ _____</b>  |