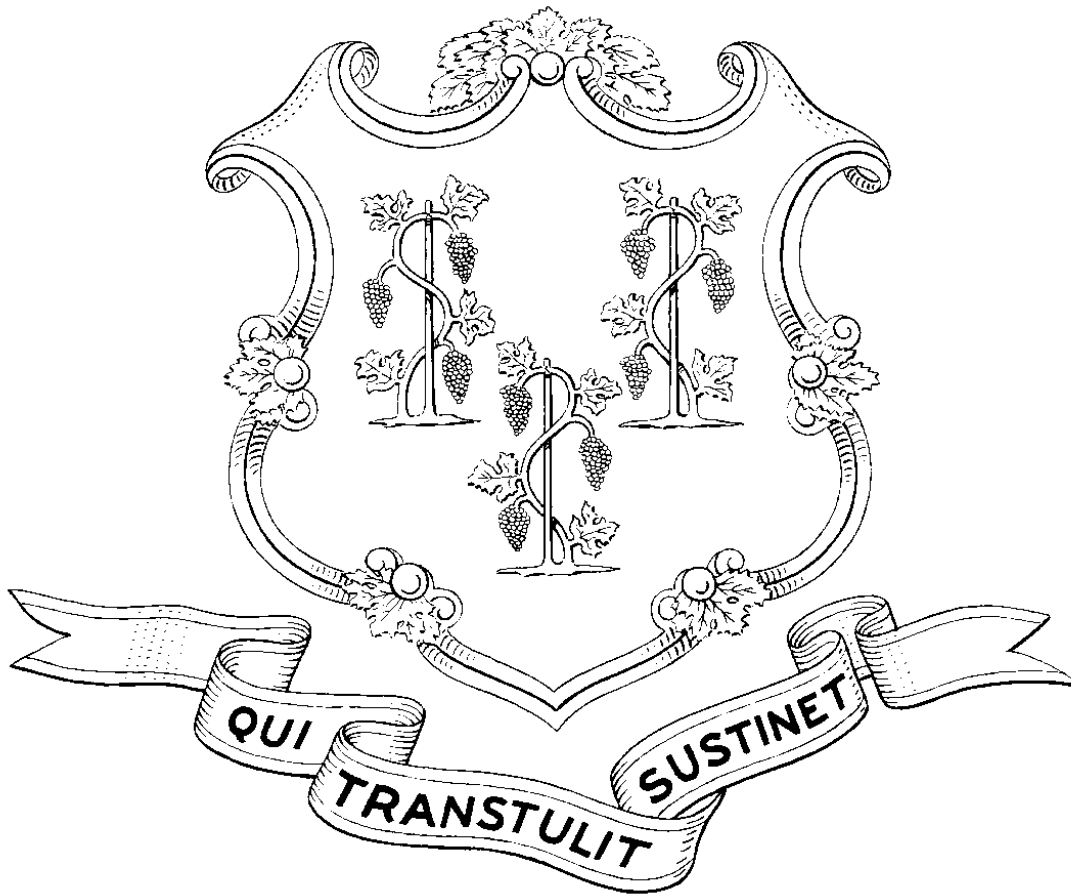


Connecticut Insurance Department

Sponsor Information Packet



Administrative Services Provided by Prometric



September 2019

Connecticut Insurance Department Continuing Education Sponsor Information Packet

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**Connecticut Insurance Department Continuing Education
Sponsor Information Packet**

Introduction

Connecticut law requires insurance producers to meet continuing education (CE) requirements each 24-month licensing period. To meet these requirements, producers must take courses approved for Connecticut Insurance Continuing Education. This information packet contains the information required for instructors to become registered, as well as information for course sponsors to become approved and have their courses approved for Connecticut Insurance Continuing Education and Pre-Licensing Education.

Connecticut insurance producers need to comply with Connecticut's regulation entitled "Suitability in Annuity Transactions," Connecticut Regulation sections 38a-432a-1 through 38a-432a-8. Please refer to Bulletin L-18 which specifically addresses the education portion of this Regulation entitled "**All Insurers and Producers with a Life Line of Authority and Continuing Education Providers Offering Annuity Training**" which is located on the Connecticut Insurance Department website at www.ct.gov/cid. Approved annuity courses are listed on the Department's website at: <https://portal.ct.gov/-/media/CID/CTQualifiedAnnuityCoursespdf.pdf?la=en>.

Prometric administers this continuing education (CE) program and pre-licensing education (PLE) program in partnership with the Connecticut Insurance Department. Internet services are provided through Sircon, www.sircon.com.

Sponsors must be approved by the Department to participate in the CE program. Courses must be reviewed by Prometric before courses may be taught for credit. **Sponsors must submit courses for approval at least 60 days before their first presentation.** Approvals for CE courses are valid for a 24-month period beginning with the approval date and must be renewed each 24-month period. Prometric will send course renewal notices 60-90 days before expiration. Sponsor approvals are active as long as the sponsor has an active course. Individual sponsors must register instructors before they may teach their CE courses. **Instructor registrations are perpetual and need not be renewed.** Pre-licensing education courses and providers' registrations must be renewed on a two-year cycle. **Course schedules and instructor registrations are not required for PLE courses.**

Course approval applications will be reviewed and approved or disapproved within 60 days of receipt by Prometric. Incomplete submissions may delay the review process. Courses are considered received when Prometric receives all necessary materials. **Incomplete submissions may result in disapproval.** Samples of acceptable and unacceptable outlines are on Pages 20 and 21.

Any of the materials in this packet may be photocopied.

CE and PLE Fees:

Sponsor approval:	\$0	Sponsor renewal:	\$0
Course approval:	\$40	Course renewal:	\$25
Instructor Registration:	\$0 (not required for PLE)		
Course Rosters:	\$3.75 per name		

Use the Fee Worksheet on Page 31 to prepare your payment.

This Sponsor Packet and other CE/PLE information are also available through our Web site: **www.prometric.com**. Sponsors may download the forms from the Web site and use them to prepare applications. **Sponsors may also enter and edit course offering schedules using www.sircon.com.**

Schedules for all CE course offerings must be entered at www.sircon.com at least 15 calendar days before the course is offered. Changes and cancellations must be sent to Prometric or entered on www.sircon.com as soon as known and, in all instances, before the scheduled date. Sponsors must upload their roster submissions for CE courses to Sircon within 15 calendar days of the course completion. Sponsors will receive a confirmation of all rosters submitted. Producers will receive a

confirmation of compliance status only when they reach compliance. **Sponsors may report rosters using Sircon's Web site: www.sircon.com.**

Sponsors must provide a course completion certificate to each student who successfully completes a course within 15 days calendar days of the course completion. A recommended format is on Page 29.

Connecticut participates in the **NAIC CE Reciprocity Agreement**. If you are a sponsor domiciled in a participating state, you may submit course approval applications based on this reciprocity. See the instructions on Page 23 for details.

Complete details about CE requirements for producers are in the Connecticut Continuing Education Information Handbook. The handbook may be viewed on our Web site: www.prometric.com. Producers can check their compliance status and view their transcript at Sircon's Web site, www.sircon.com.

For more information, contact Prometric

Phone: **888.797.9776 (8:30 A.M. to 6:00 P.M. Eastern Time)**

Fax: **800.735.7977**

E-mail: pro.ce-services@prometric.com

Web site: www.prometric.com

Connecticut Insurance Department Continuing Education Program Requirements for Sponsors

These requirements have been adopted by the Connecticut Insurance Department. Failure to comply with the program requirements may result in the suspension or termination of the sponsor's authorization to offer courses.

General Program Information and Requirements

1. All requests for approval of new or revised courses must be submitted at least 60 days before the initial offering of the course. Courses must be submitted online at www.sircon.com.
2. Sponsors must publish and abide by a refund policy that is subject to Department approval. Refund policy is to be submitted with sponsor approval application.
3. Sponsors are bound by the decisions of the Department regarding course approval and credit hours allowed.
4. Only courses reviewed by Prometric may be offered for Connecticut CE credit. No course may be conducted for credit until approval has been received in writing.
5. No course may be advertised or otherwise promoted as appropriate for Connecticut CE credit until it has been approved in writing.
6. When a course has been approved for continuing education credit and is advertised as such, the advertisement shall include:
 - the sponsor name and course title;
 - The statement "Approved by the State of Connecticut Insurance Department for insurance producer continuing education credit." Use of this statement does not imply endorsement by the State of Connecticut Insurance Department;
 - the number of approved credit hours and difficulty level;
 - the type of licensee for whom the course would be most applicable; and
 - All fees and associated expenses.
7. Once approved, a course may not be substantially altered without a new application (including fee) being submitted to and approved by Prometric. A substantial alteration is any change that would modify the content or time allocations stated in the course outline or would change any of the course topics. A change in the focus of a course where all or significant portions are based on a particular concept (ISO policy form, policy type, etc.) would be considered substantial. A change to update a minor point (change in Medicare deductibles, changes in estate tax limits, etc.) would not be considered substantial.
8. Fifty minutes of instruction will qualify for one CE credit. Registration, coffee and lunch breaks, and social hours do not qualify for CE credit. Breaks and their duration must be indicated on the outline. It is suggested that a 10-minute break be allowed for each 50 minutes of instruction or a 15-minute break after one and a half hours of instruction. For programs lasting six hours or more, a lunch break of at least 30 minutes is suggested.
9. No partial hours will be awarded. Anything less than 50 minutes will be rounded down.
10. No more than eight credits per course per day will be approved. Producers are limited to eight credits per day, regardless of the number of courses to be held in one day.

11. Course reviews are based on material received with the application. Applications that are incomplete, unclear, or lacking in detail are subject to disapproval.
12. Course outlines must highlight the segments for which Connecticut law and regulations and/or ethics credits are sought. At least 50 continuous minutes of such content must be found in order for Connecticut law and regulations and/or ethics credits to be granted.
13. Course sponsors must allow representatives of Prometric and/or its designees, and employees of the Department and/or its designees, in an official capacity, to audit classroom course instruction, course materials, instructors' presentations, course records, and records of examination, attendance rosters, and other aspects of instruction. They may not be hindered, obstructed, delayed, or interfered with while conducting or attempting to conduct an audit. Audits will be conducted with a minimum of disruptions. Auditors may attend any course offered for the purpose of the audit without paying any fee. Sponsors grant Prometric and the Department the right to audit and/or inspect course records at the premises of the sponsor or at the physical location of the records.
14. Sponsors must keep all records of enrollments, records of examination, course records, and requests for duplicate course completion certificates on file for four years. These records must be available to Prometric or the Department upon request.
15. Sponsors will periodically conduct an evaluation of their courses and instructors.
16. Sponsors must report to the Department within 30 days any disciplinary action taken against that provider by another state licensing authority.

Classroom Courses

17. Sponsors must inform Prometric of the date, time, and location of each CE classroom course at least 15 calendar days prior to presenting. Further, sponsors must notify Prometric immediately when a change is made in date, time, and/or location and in all instances before the scheduled date. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked. **Those providers with both the full credit and reduced number of credits need only submit schedules for the full credit course.**
18. All classroom courses must have attendance verified through periodic roll call, sign-in/sign-out sheet; attendance and door monitor tickets, or other approved means of taking attendance. Only students meeting minimum attendance requirements may receive credit for course completion. Attendance records must be retained for four years.
19. Producers are required to present picture identification to the course administrator upon admittance.
20. A reduced number of credits should be awarded under certain conditions to students who attend less than 100 percent of the scheduled course time. Attendance requirements include:
 - if six credit hours or less are assigned to a course, the producer must attend 100 percent of the course to receive any credit hours;
 - if more than six credit hours are assigned to a course, and the producer passes the sponsor-required examination for the course, and attends at least 80 percent of the course, the producer will receive 100 percent of the credit hours assigned to the course;

- if more than six credit hours are assigned to a course, and the producer does not pass the required examination for the course but attends at least 80 percent of the course, the producer will receive 70 percent of the credit hours assigned to the course;
 - if more than six credit hours are assigned to a course for which there is no examination, and the producer attends 100 percent of the course, the producer will receive 100 percent of the credit hours assigned to the course;
 - if more than six credit hours are assigned to a course for which there is no examination, and the producer attends at least 80 percent but less than 100 percent of the course, the producer will receive 70 percent of the credit hours assigned to the course; and
 - Reduced credit hours will be rounded to the nearest whole number.
 - **Prometric automatically issues a second course approval for each classroom course approved for seven or more credits to accommodate this program requirement.**
21. Sponsors are required to report course completion rosters within 15 calendar days of course completion. Sponsors must distribute course completion certificates to all individuals who meet the requirements of the CE course within 15 calendar days of course completion.
 22. Sponsors should make students aware that producers cannot receive CE credit for both a self-study (examination) course and a classroom course based on the same published materials.
 23. Producers will earn credit only once for a course completed in the current biennium regardless of the number of times the same course is taken. However, the producer may take the same course again and receive credit in a subsequent biennium.
 24. For classroom courses, credit for time spent on review quizzes or exams covering approved material will be provided only if immediate feedback or discussion is provided to the participants.
 25. Courses conducted as videoconferences must be submitted as classroom courses. A registered instructor must be present to respond to questions. A list of all locations must be submitted with the schedule.

Qualifying/Non Qualifying Course Subjects

26. For courses to qualify, they must:

- be a formal program of learning, which contributes directly to the professional competence of a producer;
- have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
- include an indication of the level of ability required to benefit from the course on the basis of basic, intermediate, or advanced levels;
- include a bibliography of reference sources, if any; and
- include a list and sample of supplemental teaching aids, if any

27. The following are not approved courses:

- courses approved for pre-license training;

- courses in **1)** mechanical office or business skills (including typing, speed reading, etc.); **2)** the use of calculators, computers, or other machines or equipment; **3)** the use of computer software or equipment except in computer-based needs analysis or computer solutions to risk management as related to insurance customers;
- **4)** accounting or tax preparation in connection with the business of the producer; **5)** the organizational procedures and internal policies of an individual insurer; **6)** motivation; **7)** salesmanship or sales promotion, including meetings held in conjunction with the general business of the producer; or **8)** courses that are primarily intended to impart knowledge of specific products of specific insurers, if the use of the products relates to sales promotion or marketing of one or more of the products discussed.

Self-Study Courses

28. Applications for self-study courses must include a copy of all materials that a student must study in order to pass the exam. The materials may be in the form of paper, diskette, CD or other electronic medium. In addition, a word count excluding glossaries, indexes, tables of contents and appendices must be included. If the required materials and information are not included, the course may be disapproved. A copy of one version of the exam must be submitted with the course materials. 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.
29. Self-study examinations must be proctored by a disinterested third party in the manner described by the sponsor and be consistent with the course as approved by Prometric. The proctor must complete an Affidavit of Personal Responsibility (see page 22). A disinterested third party is a person who is not in the direct line of supervision of nor has any financial interest in the success of the person taking the examination. The proctoring process must ensure the examination will be completed by the student, on a closed-book basis without assistance. Exams must be sealed until the exam starts. The proposed exam will be approved as part of the course approval process. Actual course materials are required to be submitted with the application. Credit hours are determined by the estimated study time adjusted by the percentage of the course content that is acceptable as CE. Credit will be allowed only if the student passes the exam with a score of 70 percent or higher.
30. 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. Sponsors must provide Prometric with the means to verify the exam procedures.

Webinars

31. 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.

Connecticut Insurance Department Pre-Licensing Education Program Requirements for Sponsors

These requirements have been adopted by the Connecticut Insurance Department as specified by Connecticut statutes Chapter 702 Sec. 38a-769 (formerly Sec. 38-72). Failure to comply with the program requirements may result in the suspension or termination of the sponsor's authorization to offer courses.

Instruction

Prometric approves courses for pre-license training for the authorities shown below. Eligible course providers are educational institutions, insurance companies, agent associations, insurance publishing companies and independent insurance training centers.

Each of the following **single lines** of authority requires **40 hours** of training:

- Life
- Accident Health or Sickness
- Personal Lines
- Property (for Public Adjusters)
- Casualty

Each of the following **multiple lines** of authority requires **80 hours** of training:

- Life/Accident and Health or Sickness
- Property/Casualty

Courses may be offered in the following manner:

1. All classroom
2. Self-Study (correspondence)
3. On-line

All courses must provide detailed procedures for their program and what requirements are necessary before issuing the Educational Certification to the individual.

Materials to be submitted with Course Approval Application

1. Course material to be provided to the student, including a sample test (if applicable).
2. Annotated classroom outline (if applicable).
3. Letter certifying that the course meets or exceeds the 40-hour per line pre-license training requirements and includes the items set forth in the **Connecticut** course outlines.
4. Procedures for monitoring self-study students (if applicable).
5. Names and resumes of prospective instructors.

NOTE: If course material used is from an **approved pre-license course provider**, submit the name of the provider and the specific material to be used. It is not necessary to submit items 1 & 2 above.

The Connecticut exam content outlines for each line of authority can be located at www.prometric.com, under the "Schedule my test" tab. Select "Connecticut Insurance," then Step 4 (Review the test content outlines).

Course schedules, instructor registration, or rosters **do not** need to be submitted for PLE courses.

Connecticut Insurance Department Continuing Education Appeal Procedures

Occasionally, a sponsor may dispute the outcome of an approval application or the findings of an audit. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

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

**Prometric Operations Center
ATTN: Continuing Education Processing
7941 Corporate Drive
Nottingham, MD 21236
Phone: 888.797.9776 (8:30 A.M. to 6:00 P.M. Eastern Time)
Email: CE-Appeals@prometric.com**

3. If you disagree with Prometric's response to your written grievance, you should then address your appeal, in writing, to the Connecticut Insurance Department. State your reason for disagreeing with the Prometric response and include copies of any correspondence. Your grievance will be reviewed and responded to within 15 business days of receipt. Send your appeal to:

**Email: cid.licensing@ct.gov
Subject: CE Grievance**

Connecticut Insurance Department Continuing Education Instructions for Completing the Sponsor Approval Application

Organizations providing insurance **CE** for Connecticut credit **must be reviewed** by Prometric and be approved by the Department. Prometric will assign a sponsor number that will allow courses and instructors to be tracked by the sponsor.

You may apply as a sponsor when you send your first course for review.

Completing the Approval Form

Sponsor Name

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

Names and Titles of Owners or Officers

List all individuals who have a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a 25 percent or greater interest.

FEIN #

A Federal Employer Identification number is required for the sponsor.

Address

A complete street address, including zip code, is required. A post office box may also be provided.

Contact Person and Title

Please provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise.

Voice Phone

Provide the voice phone number where the contact person may be reached. Also provide a fax number and e-mail address.

URL Address

Provide the company's URL address. Prometric will provide a link to this address on the list of approved courses available to the public.

How Long in Business

Provide the number of years your organization has been in the business of providing CE courses.

Type of Organization

Check the type that best describes your organization. A Professional Organization is a not-for-profit association of insurance professionals whose primary function is to foster professionalism through training, fellowship, and communication. Insurance Agency includes independent and exclusive agencies, wholesalers, E&S brokers, and MGAs. Training Company offers courses of training to insurance professionals. Insurance Company is an insurer, a company that underwrites and issues policies. The Other category is intended to cover organizations that do not fit into the previous categories. If you use the other category, briefly describe your organization; your application may be assigned to another category.

Former Names and Locations

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies that 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 have been proprietors, partners, or have held at least 50 percent of the voting stock.

Certification

You must certify that your organization will abide by all Connecticut laws and Insurance Department regulations, policies, and program requirements regarding insurance continuing education. This certification must be signed by the sole proprietor, a general partner, or an officer.

Submission

Submit the approval form and refund policy online at Sircon's Web site, www.sircon.com.

Connecticut Insurance Department
 Continuing Education Program
 Sponsor Approval Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Sponsor Name			Prometric Use Only
Names and Titles of Owners or Officers (list below)			
Name		Title	
FEIN# (MUST INCLUDE):			
Address		City	State
ZIP Code			
Contact Person		Title	
Voice Phone # ()		Ext.	Fax # ()
E-mail Address			
URL Address: http://		How long have you been in business?	
Type of Organization: (check one) <input type="radio"/> Professional Organization <input type="radio"/> Insurance Agency/Brokerage/Wholesaler <input type="radio"/> Training Company <input type="radio"/> College/University <input type="radio"/> Insurance Company <input type="radio"/> Other _____			
Have you operated under any other name? <input type="radio"/> Yes <input type="radio"/> No If yes, provide the name and address of each business under whose name you have operated (see instructions for details).			
Name		Address	
I certify that I have read the sponsor requirements for Connecticut Continuing Education sponsors and agree to abide by them and will abide by Connecticut insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this sponsor's authorization to offer courses and that all course approvals will be simultaneously withdrawn.			
_____ Provider Director's Signature		_____ Date	
_____ Print or Type Name		_____ Title	

CTS-01 (08/15)

**Connecticut Insurance Department Continuing Education
Instructions for Completing the Instructor Registration Form
To be submitted by Sponsor**

Courses approved for Connecticut **CE** credit must be taught by registered instructors. Instructors must be approved by each sponsor whose class (es) they teach and register with Prometric. Instructors will earn credit once per two-year licensing period for a course they teach. Instructors for PLE courses do not need to submit a registration form.

Completing the Form

Sponsor Information—to be completed and certified by sponsor

Sponsor Name

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

Sponsor Number

Enter the sponsor number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

Sponsor Certification

Print or type your name and sign and date the form to certify all of the information provided on the form is an accurate representation of the instructor's education and experience. The sponsor representative's signature certifies that the instructor meets **two or more** of the following qualifications of Regulations of Connecticut State Agencies Section 38a-782a-6.

Those qualifications are:

1. three years' working experience in the subject matter being taught;
2. two teaching experiences certified by the sponsor;
3. a professional designation from a recognized industry organization or association;
4. a degree or certificate from an accredited school in the subject matter being taught; and
5. Specialized knowledge in the subject matter being taught.

Instructor Information—must be certified as correct by instructor. Information must be entered on this form, not included as an attachment. Do not send a resume or other documentation.

Name(s)

Type or print the full legal name of the certified instructor in the name block. In the block below, list maiden name, former married name(s), and/or any aliases that have been used.

Instructor Number

Type or print the instructor identification number if one has already been assigned by Prometric for another sponsor or state, otherwise leave blank.

Home Street Address

Provide home street address; a post office box alone is not acceptable.

Phone Numbers

Provide a daytime business phone number and home phone number.

Qualifying as an Instructor

Indicate at least two items that best describe your qualifications to be an instructor.

Professional Designation(s)

List all insurance-related professional designations that the instructor holds. The full meanings of the acronyms listed on the form are given below. If the instructor lists a designation not on the list, please provide acronym, the full title, and the granting institution.

AAI	Accredited Advisor in Insurance, Insurance Institute of America
ARM	Associate in Risk Management, Insurance Institute of America
CEBS	Certified Employee Benefits Specialist, International Foundation of Employee Benefit Plans
CFP	Certified Financial Planner, the American College
ChFC	Chartered Financial Consultant, the American College
CIC	Certified Insurance Counselor, the National Alliance for Insurance Education and Research
CLU	Chartered Life Underwriter, the American College
CPCU	Chartered Property and Casualty Underwriter, American Institute of CPCU
FLMI	Fellow, Life Management Institute, Life Office Management Association
LUTCF	Fellow, Life Underwriter Training Council
RHU	Registered Health Underwriter, the American College

Specialized Experience

List any specialized experience in a specific subject matter. Include the number of years of experience and the degree designated to the instructor.

Certification

Print or type the instructor's name. The instructor must sign and date the form to certify that all of the information provided on the application is an accurate representation of the instructor's education and experience. Furthermore, the instructor certifies agreement to abide by applicable Connecticut laws, regulations, and program requirements.

Submission

Send instructor forms to Prometric at least 10 days before the first course the instructor teaches. Forms must be signed and dated by sponsor's representative and by the instructor.

Send the form to:

Prometric Operations Center
Email: CEProcessing@Prometric.com

Sponsors are to provide all instructors with the Connecticut Insurance Department Program Requirements included in this sponsor packet.

Connecticut Insurance Department Continuing Education Program Instructor Registration

SPONSOR INFORMATION

Sponsor Name	Sponsor Number	
<p>I certify that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor. Further, the individual named as an instructor has been approved by this sponsor in accordance with applicable rules and regulations as defined by Regulations of CT State Agencies Section 38a-782a-6.</p>		
_____	_____	_____
Print/Type Name of Sponsor Representative	Signature	Date

Title		

Instructor Information

Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
By what other names have you been known? If none, so state.			
Home Street Address			
City	State	ZIP Code	
Business Phone () —	ext.	Residence Phone () —	
<p>Please indicate which two items qualify you as an instructor under the rules listed in the Connecticut CE Administrative Regulations:</p> <ul style="list-style-type: none"> <input type="radio"/> A minimum of three years working experience in the subject matter being taught <input type="radio"/> Two teaching experiences certified by the sponsor <input type="radio"/> A professional designation from a recognized industry organization or association <input type="radio"/> A degree or certificate from an accredited school in the subject matter being taught <input type="radio"/> Specialized knowledge in the subject matter being taught 			
List professional designations:			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
_____	_____	_____	
<p>I certify that the information on this form is true and correct to the best of my knowledge, that I satisfy two or more qualifications of Regulations of CT State Agencies Section 38a-782a-6, and the information accurately represents my qualifications to teach insurance courses. I understand the information on this form is subject to verification through the audit process. I agree to abide by all Connecticut statutes, regulations, and program requirements regarding insurance and insurance continuing education.</p>			
_____	_____	_____	
Print/Type Name of Instructor	Signature	Date	

CTI-01 (08/15) PLEASE PRINT OR TYPE. PHOTO COPY AS NEEDED

Connecticut Insurance Department Continuing Education Instructions for Completing the Course Approval Application

Only courses that have been reviewed by Prometric and approved by the Connecticut Insurance Department may be offered for Connecticut CE/PLE credit. **No course may be conducted for credit until approval has been received in writing.** Course approval applications may also be submitted online at www.sircon.com.

Connecticut participates in the NAIC CE Reciprocity Agreement. If you are a sponsor domiciled in a participating state, you may submit course approval applications based on this reciprocity. Information and instructions are on Pages 23 and 24.

Completing the Form

Continuing Education Course or a Pre-Licensing Course

Select whether the course is for Continuing Education or Pre-Licensing.

Sponsor Name

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

Sponsor Number

Enter the sponsor number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

Course Title

Enter the title (maximum 40 characters).

Course Number

Leave blank; Prometric assigns a number.

Course Type

Mark the format that will apply for this course. Classroom includes single- and multiple-session classroom courses, seminars, conferences, and conventions. Self-study courses are non-classroom courses that must be followed by a monitored, closed-book exam. Classroom, taught by other sponsors, includes classes that were developed by one sponsor, but will be taught by another sponsor. Call Prometric course evaluators if you have questions.

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 or guide them through a hands-on exercise. 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 a registered instructor, whether viewed at interactive teleconference sites or at a later date.**

How Many Hours?

Enter the number of hours that the student will be required to attend class. One credit is 50 minutes of instruction. Credits will be awarded based on the duration of the course and the percentage of the material that is approved.

How Will Attendance Be Verified?

Sponsors of classroom courses must ensure that students attend the classes. Approved methods of ensuring attendance are (1) periodically calling the roll or visually verifying and recording on a written document that all students are present, (2) monitoring the exit and requiring students to sign in and sign out, or (3) using attendance tickets that are authenticated by an authorized representative of the sponsor monitoring the exit. Indicate which method(s) you will use. Other methods must be approved by Prometric.

Do You Require an Examination for Credit?

Indicate whether or not an examination must be passed in order to receive credit for the class.

Provide Summary Description

Summarize the content and scope of the course (minimum 50 words). This summary is required for all courses. The Connecticut Insurance Department uses this information, along with Prometric, when reviewing courses. Provide the description in the space provided on the application, or on a page immediately following and identified as the summary description. Simply indicating "see attached" is not acceptable.

The Level of Ability Required for This Course

Check the level of ability that is required in order to gain benefits from attending this class. The level of ability is determined by sponsors based on their own assessment. The level will be displayed on the list of approved courses available to producers.

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. On the outline, highlight the segments that you believe qualify for Connecticut law and regulations and/or ethics content. At least 50 minutes of such content must be found in order for Connecticut law and regulations and/or ethics credit to be awarded.
3. If this is an approved published course, include a copy of the table of contents with time annotations. If it is a multiple-session 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.

Include case studies with the outline. Credit will not be assigned for case studies without detail.

Has this course been previously approved by Prometric in another state?

Indicate whether Prometric has approved this course for use in another state. If so, please 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 program requirements established by the Department.

Attachments

1. Annotated course outline. Case studies must be included, if applicable.
2. Copies of all study materials, examinations and affidavits for self-study courses.
3. Course pamphlet/brochure is optional.
4. Course schedule for initial course offering, if known.

Submission

Submit the application form and attachments online at Sircon's Web site, www.sircon.com.

Use the Fee Worksheet on Page 31 to calculate your payment.

Course approval applications will be reviewed and approved or disapproved within **60 days of receipt by Prometric**. 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 credit hours.

**Connecticut Insurance Department
Continuing Education Program**

Course Approval Application

- **Continuing Education Course**
- **Pre-Licensing Course**

Please Print or Type. Photocopy as Needed.

Name		Sponsor Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
Course Type (<i>select one</i>): <input type="radio"/> Classroom <input type="radio"/> Self-study	For classroom only, how will this course be taught? (<i>check all that apply</i>) <input type="radio"/> Traditional Classroom <input type="radio"/> Seminar/Workshop <input type="radio"/> Teleconference <input type="radio"/> Correspondence <input type="radio"/> Video/Audio/CD/DVD <input type="radio"/> Online Training/Webinar <input type="radio"/> Other _____	Number/Type of credits requested: _____ Annuity (cannot be combined with other categories) _____ Flood _____ LH _____ PC _____ LRE _____ Settlement Options
How will classroom attendance be verified? (<i>check all that apply</i>) <input type="radio"/> Periodic Roll Call or Attendee Audit <input type="radio"/> Sign-in/out Sheet and Door Monitor <input type="radio"/> Attendance Ticket and Door Monitor <input type="radio"/> Other _____		Is an examination required for continuing education credit? <input type="radio"/> Yes <input type="radio"/> No
Note: Attendance must be verified by photo ID.		
For classroom and seminar courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.		
Provide a summary description of the content and scope of the course below (<i>minimum 50 words</i>): _____ _____ _____ _____		
The level of ability required to benefit from this course is: <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced		Is this course open to the public? <input type="radio"/> Yes <input type="radio"/> No
Has this course been previously approved by Prometric in another state? <input type="radio"/> Yes <input type="radio"/> No		If yes, please provide the state and the Prometric-issued course number.
I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all applicable policies and requirements established by the Connecticut Department of Insurance.		
_____ Print/Type Name of Sponsor Representative	_____ Signature	_____ Date

Sample Acceptable Course Outline

DIRECTORS AND OFFICERS LIABILITY

25 minutes	8:30 - 8:55	I. Recent history of D&O liability exposure A. Trends in D&O claim frequency and severity B. Major Problem areas 1. Federal securities laws 2. Mergers/acquisitions 3. Pollution claims 4. Financial institutions claims 5. Third-party claims C. Recent large settlements and judgments
25 minutes	8:55 - 9:20	II. Legal concepts underlying the D&O exposure A. Basic legal duties of directors and officers 1. Duty of obedience 2. Duty of loyalty 3. Duty of care B. To whom duties are owed C. Common defenses D. Recent legislation limiting director liability
9:20 – 9:30	BREAK	
50 minutes	9:30 – 10:20	III. Common exclusions A. Public policy exclusions 1. Dishonesty 2. Gaining an illegal profit or advantage 3. Section 16(b) of the Securities Exchange Act 4. Return of excessive remuneration B. Intended to be covered elsewhere 1. Libel and slander 2. Nuclear energy 3. Employment practice
10:20 – 10:30	BREAK	
50 minutes	10:30 – 11:20	IV. Case study 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.

Reason for Acceptability:

1. Sufficient detail is given on subject matter covered.
2. Sufficient detail is given 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.
5. Case study is described.

NOTE: CREDIT CANNOT BE GIVEN FOR SECTIONS WHERE NO DETAIL IS PROVIDED. WHEN CASE STUDIES ARE USED, DESCRIPTIONS MUST BE INCLUDED.

Sample Unacceptable Course Outline

ADVANCED WORKERS COMPENSATION SEMINAR

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

Problems: Reasons for Unacceptability

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 affirm that I personally completed the entire study material of the course. I also affirm that I completed the exam without assistance from any course material, other than source material, or from any person(s).

Signature (sign in ink only)

Date

AFFIDAVIT OF EXAM COMPLETION

To be Completed and Signed by Exam Monitor

Printed Name of Student:		Name of Course:			
Address Where Exam was Taken:		City:		State:	ZIP Code:
Date Exam was Taken:		Beginning Time:		Ending Time:	
Monitor: Disinterested Third Party			Job Title of person administering test:		
Company/Agency Name:			Business Phone Number: () -		
Business Mailing Address:		City:		State:	ZIP Code:

I certify that I verified the identification of the student. In addition, I administered the final examination and certify that it was sealed until administration and completed without assistance or outside help of any kind.

Signature of person administering test
(sign in ink only)

Date

Instructions for Providers Eligible for NAIC CE Reciprocity

As of July 1, 2009, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Massachusetts
Florida	Puerto Rico
Guam	Virgin Islands

To obtain Connecticut approval, based on this reciprocity, you must complete all of these steps:

1. Be approved as a provider in your state of domicile.
2. Receive a course approval document from your state of domicile. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. Be approved as a Connecticut sponsor. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval, subject to renewal two years from the date of approval.
4. Complete the NAIC Reciprocity Standard Continuing Education Filing Form for each course.
5. Submit a photocopy of the course approval document from your home state.
6. Submit a copy of the course outline for classroom courses or the table of contents for self-study courses.
7. Pay the \$40 course approval fee for each course.

Submit the application form online at Sircon's Web site, www.sircon.com.

Use the Fee Worksheet on Page 31 to calculate your payments.

No other attachments are required.

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



National Association of Insurance Commissioners

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

Form with fields for Provider Name, FEIN #, Contact Person, E-mail Address, Phone Number, Fax Number, Home State, Home State Provider #, Reciprocal State, Reciprocal State Provider #, Mailing Address, City, State, Zip, Submitter Name, Submitter Phone Number, and E-mail Address of Submitter.

Course Information

Form with fields for Course Title, Date of Course Offering, Existing Course Number, and Method of Instruction.

Method of Instruction

Form divided into two columns: Non-Contact / Asynchronous* (Self-Study) and Contact / Synchronous* (Classroom, Webinar).

Form with fields for Measurement used for successful completion, Is this course open to the public?, and National Designation? with sub-field for Designation Type.

Difficulty (Check): Basic Intermediate Advanced

Credit Hours Requested and Course/Hours Decision

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

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.

**CONNECTICUT INSURANCE DEPARTMENT
CONTINUING EDUCATION
COURSE COMPLETION CERTIFICATE**

Name of Student: _____

Connecticut License Number:

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

Course Name: _____

Course Number: _____

Number of Credits: _____

Type of Credits: _____

Date of Course Completion: _____

Sponsor Name: _____

Sponsor Number: _____

Address: _____

Phone Number (including area code): _____

Signature of sponsor representative: _____

Title: _____

Date: _____

Sponsors must provide the student with a course completion certificate within 15 calendar days of a student's successful completion of an approved course.

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

For self-study courses, use the date of the exam or receipt of affidavit as the course completion date.

CONNECTICUT PRE-LICENSE CERTIFICATE OF COURSE COMPLETION

**MUST USE INSURANCE COMPANY, EDUCATIONAL INSTITUTION, OR TRAINING INSTITUTION LETTERHEAD
(ADDRESS AND ZIP CODE MUST ALSO BE INCLUDED)**

School Code Number: _ _ _ _

THIS WILL CERTIFY THAT		
(Name)		
(Residence Address)		
(City)	(State)	(Zip Code)

Has successfully completed [*insert name of insurance company, educational institution or training institution*] [*course(s) of insurance*] as approved by the Insurance Department, State of Connecticut, for the lines of insurance for which they desire to be licensed as a Producer pursuant to Section 38a-782 of the Connecticut General Statutes. This certificate applies only to the lines of insurance noted below as having been successfully completed by an authorized instructor and supervisor.

	Course Start Date	Course End Date	Instructor Signature	Supervisor Signature
LIFE	_____	_____	_____	_____
ACCIDENT & HEALTH	_____	_____	_____	_____
PROPERTY & CASUALTY	_____	_____	_____	_____
PERSONAL LINES	_____	_____	_____	_____

Date of Certificate

Education certificate expires one (1) year from date of issue

Connecticut Insurance Department Continuing Education Instructions for Completing the Course Offering Schedule

Complete schedules are required for all classes presented for Connecticut CE credit. Schedules are used for course audits and for comparing schedule date to course completion date. Schedules for PLE courses are not required.

Report all course offerings to Prometric at least 15 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 view course offering schedule information: www.sircon.com.

Failure to report scheduled classes or to report changes may result in noncompliant audit findings, which can affect sponsor status with the Connecticut Insurance Department.

Changes or Cancellations

It is often convenient for the sponsor to indicate cancellations or changes on a copy of the form originally used for reporting the class that is now being changed. If using this method, include a copy of the original schedule and clearly indicate that changes have been made.

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.

Connecticut Insurance Department Education

Fee Worksheet

This form is for convenience in preparing submissions. It is not required.

	<u>Number</u>	<u>Subtotal</u>
Course Fees		
Course approval	_____ @ \$40	\$_____
Course renewal	_____ @ \$25	\$_____
Roster Fees		
Roster fee (per name)	_____ @ \$3.75	\$_____
	TOTAL	\$_____