

**Commonwealth of Massachusetts  
Division of Insurance  
Continuing Education Program**



**Provider Information Packet**

Administrative Services Provided by Prometric



July 2021

# Commonwealth of Massachusetts Continuing Education Program Provider Information Packet

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## **Commonwealth of Massachusetts Division of Insurance Continuing Education Program Introduction**

The Commonwealth of Massachusetts has contracted with Prometric, to perform continuing education (CE) provider and course review services on behalf of the Massachusetts Division of Insurance (the Division). Prometric handles all transactions and inquires related to the approval of Continuing Education providers and courses. Prometric also offers assistance with the processing of rosters, the calculation of compliance status and provides transcripts to producers. **The Division processes all transactions relating to producer name and address changes, license renewals and letters of certification.**

Providers should use Prometric's Web site ([www.prometric.com](http://www.prometric.com)) to submit rosters for completed courses, verify compliance by requesting individual or multiple transcripts, obtain approved course lists and schedule classes. Prometric will send course renewal notices 60-90 days before expiration.

**Classroom course offering schedules must be submitted to Prometric online only. If submitted to the Division they will be returned.** See page 34 for the form and details. Prometric conducts in-person, on-site audits based on course offering schedules. Providers should enter, edit and view course offering schedules using Prometric's Web site.

Effective December 1, 2020, Massachusetts will begin participating in the NAIC Reciprocity program.

Providers and producers may call Prometric at **800.742.8731** for information. Prometric's service staff is available to handle calls from 8:00 a.m. to 6:00 p.m., Eastern Time, Monday through Friday. Individuals may request specialized lists of approved courses using the Web site.

### **Producer Credit Requirements**

**Pursuant to M.G.L. c. 175, sec. 177E, all licensed resident producers in Massachusetts who do not qualify for an exemption must meet the following continuing education credit requirements:**

**Sixty (60) hours of continuing education instruction is required during the first initial licensing period, which may be less than 3 years in length, but longer than 2 years. Of the sixty (60) hours, three (3) must be in the category MA approved ethics. P&C and Personal Lines producers are also required to take a one-time Flood insurance course.**

**Forty-five (45) hours of continuing education instruction is required for subsequent thirty-six (36) month reporting periods (a triennium). Of the forty-five (45) hours, three (3) must be in the category of MA approved ethics.**

**Any producer who plans on selling Long Term Care (LTC) products must meet the training requirements set forth in M.G.L. c. 176U, §6, including an initial 1-time training course not less than 8 hours and ongoing training not less than 4 hours every 24 months. The training**

requirements apply to all producers who plan on selling LTC products, even if exempt from CE requirements.

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176u/Section6>

Any producer who plans on selling annuity products must also meet the Annuity Suitability training (CE) requirements contained in 211 CMR 96.00 including completion of an approved one-time program of instruction or seminar equivalent to at least 4 classroom hours of instruction.

<https://www.mass.gov/regulations/211-CMR-96-consumer-protection-and-suitability-in-annuity-transactions>

The following individuals are exempt: Non-resident producers with reciprocity, and those on military active duty.

**Grandfather Clause:** All individuals licensed prior to April 4, 1983 are exempt from CE requirements as long as they remain continuously licensed. Individuals licensed prior to April 4, 1983 who subsequently amend their license by adding additional lines of authority, which require an examination, are then subject to CE requirements. (211 CMR 50.04(b)).

**Public Insurance Adjuster (PIA) CE Credit hours** – Only Public Insurance Adjusters that are residents of Massachusetts are required to comply with Massachusetts Continuing Education Credit Hour requirements. PIA's are to complete before the renewal of said license a total of 15 hours of approved Public Insurance Adjuster specific continuing education instruction within three years of initial licensure and every subsequent 3 year period. Calculations are based upon original licensure date and not the renewal date.

## **Fees**

Course Fee:	\$45
Course Renewal:	\$45 (2 years from date of approval)
Provider Registration:	No fee is required
Rosters:	\$ 1.50 per credit per student

Use the Fee Worksheet on Page 35 to prepare your payment.

**All payments may be made using American Express, Visa or MasterCard.**

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

More information, including the material in this packet, is available on Prometric's Web site at **[www.prometric.com](http://www.prometric.com)**. Any of the materials in this packet may be photocopied.

For further information, contact Prometric:

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

Phone: **800.742.8731**  
Fax: **800.735.7977**  
E-mail: **[CESupportTeam@prometric.com](mailto:CESupportTeam@prometric.com)**  
Web site: **[www.prometric.com](http://www.prometric.com)**

## Commonwealth of Massachusetts Division of Insurance Continuing Education Program Requirements

The Commonwealth of Massachusetts Division of Insurance has adopted the following requirements. See Page 14 for information on sanctions for non-compliance.

### General Program Requirements

1. All requests for course approval must be submitted at least 30 calendar days in advance of the requested approval date.
2. If an approved course is canceled or a student cancels in advance, the provider must refund all fees within 45 days of the cancellation unless a different refund policy is printed on the provider's materials.
3. The class must be held in a facility that complies with the Americans with Disabilities Act.
4. For courses/programs of instruction to qualify, they must:
  - be offered by an approved provider;
  - contribute to the professional competence of a producer;
  - be submitted using the appropriate application form and with the appropriate fee for each course;
  - have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants;
  - use the most recent forms filed in Massachusetts, editions and laws to the extent possible;
  - include methods which will be employed by the provider for the improvement of the course;
  - include a bibliography of reference sources; and
  - meet all other CE laws.
5. Only courses that have been approved by Prometric or previously approved by the Division may be offered for Massachusetts CE credit. **No course may be conducted for credit until it has been approved.**
6. No course may be advertised or otherwise promoted as appropriate for Massachusetts CE credit until it has been approved in writing. If the course has been submitted, but not yet approved, it may be advertised as "Massachusetts CE Credits Applied For." This must be prominently displayed in advertising copy, pamphlets, brochures or any other mode of advertisement. Do not advertise the amount of credits applied for.
7. When a course has been approved for continuing education credit and is advertised, the advertisement shall include:
  - the provider name and course title as they appear on the application for provider approval;
  - the type of licensee for whom the course would be most applicable;
  - the number of Massachusetts-approved CE credit hours;
  - whether an exam is required in order to receive CE credit;
  - no guarantees that the student will pass a required exam;
  - no false, deceptive or misleading statements; and
  - all fees and associated expenses.
8. Once approved, a course may not be substantially altered. A substantial alteration is any change that would modify the content or time allocations stated in the course syllabus or would change any of the course topics.

9. Providers may not change a course's content or outline without prior written approval. Failure to obtain written approval in advance of the course may result in a denial of CE credit for the course.
10. Effective December 1, 2020, fifty minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for CE credit. Meals may not be served while classroom courses are in session.
11. Effective December 1, 2020, each course must be a minimum of one credit hour and in increments of whole or one-half credit hours.
12. No partial credit for partial attendance is allowed.
13. A licensee may not repeat a course for CE credit within a three-year period.
14. Providers must agree to inform Prometric, via the online system, of the date, time and location of each classroom session, conference and convention, at least 15 days prior to presenting. Failure to submit course offering schedules may result in the denial of credit to participants in sessions not properly reported to Prometric. Further, Prometric must be notified immediately when a change is made in date, time and/or location. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked.
15. Providers must maintain accurate attendance records for each course. Providers must verify the identification of producers who attend approved courses and must obtain all producers' signatures on a sign-in sheet. Only students meeting attendance requirements may receive credit for course completion.
16. Providers are required to report course completion rosters, within 10 calendar days of course completion, to Prometric. The roster must include the name and identification number of each producer. Providers must distribute course completion certificates to all individuals who meet the requirements of the CE course within seven days of the conclusion of a course. The certificate must contain the name and identification number of the producer, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by each producer, and the name and identification number of the provider. Providers who fail to report course completion rosters in a timely manner may be subject to sanctions for non-compliance.
17. Providers must verify each instructor's relevant qualifications and maintain these records in the event of an audit. Instructor information should be indicated on the course approval application. After the initial approval of a course, instructor information does not need to be submitted to Prometric.
18. Any licensed person teaching any approved course of instruction at any approved seminar shall receive the same credit as is granted to all persons attending and successfully completing each course. Credit will be granted once in each triennium for each course taught.
19. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Division 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 Division the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records. **Failure to grant access will automatically result in suspension.**
20. Providers must keep all records pertaining to its Massachusetts CE activities for a minimum of six years.

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

21. For courses to qualify, they must be of a formal program of learning, which contributes directly to the professional competence of a producer. In order for a course to be considered an Annuity course, it must include the following:

- The types of annuities and various classifications of annuities
- Identification of the parties to an annuity
- How fixed, variable and indexed annuity contract provisions affect consumers
- The application of income taxation of qualified and non-qualified annuities
- The primary use of annuities
- Appropriate sales practices, replacement and disclosure requirements

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

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



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

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

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

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

**Classroom Courses**

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

**Self-study Courses** (including video, Internet, and computer-based courses)

23. 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.
24. Examinations by an insurance company may be administered or proctored by a disinterested party.

25. Self-study courses must include a proctored examination to receive credit. Self-study exams must:

- i. Contain a minimum of 10 questions for 1 credit hour with an additional 5 questions for each subsequent credit hour. The number of questions must increase proportionately as the amount of material increases up to a suggested maximum of 75 questions for large courses.
- ii. Have at least enough questions to fashion a minimum of 2 exam versions with at least 50% of the questions being new/different in each subsequent version.
- iii. Be unable to be printed or viewed prior to the review of the course material.
- iv. Have a proctor who verifies identity by photo identification and provides an affidavit testifying that the student received no outside assistance (if the provider requires a proctor).

It is suggested that all questions should be in either a four-alternative multiple choice or completion format and that the use of True/False questions be avoided. Credit hours will be determined by the estimated time it will take a student to study the material, adjusted by the percentage of the course content that is acceptable as CE Credits will be allowed only if the student receives a grade of 70% or greater on the examination.

26. The completion date for a self-study course will be the date the exam was taken and passed.

27. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. In addition, Internet/online courses must contain:

- (a) Material that is current, relevant, accurate, and that includes valid reference materials, graphics and interactivity.
- (b) Clearly defined objectives and course completion criteria.
- (c) Specific instructions to register, navigate and complete the course work.
- (d) Technical support/provider representative(s) available during business hours and provide a response within 24 hours of initial contact.
- (e) Instructors/subject matter experts must be available to answer student questions during provider business hours.
- (f) Process to authenticate student identity such as passwords and security prompts.
- (g) Method for measuring the student's successful completion of the course, which includes the material, exam and any proctor requirements (if the provider requires a proctor).
- (h) Process for requesting and receiving CE course completion certificate and reporting student results to Prometric.
- (i) Requirement that each agent/adjuster enroll in the course before having access to course material.
- (j) Prevention from access to course exam before review of course material.
- (k) Prevention from downloading any course exam.
- (l) Review questions at the end of each unit/chapter and prevention from access to the final exam until each set of questions is answered at a 70% pass rate.
- (m) Final exam questions that do not duplicate unit/chapter questions.
- (n) Prevention from alternately accessing course materials and course exams.
- (o) A monitor affidavit containing specific monitor duties and responsibilities printed for the monitor's use to direct the taking of the final exam. Monitor will complete the affidavit after the exam is completed (if the provider requires a monitor).

28. Procedures to determine credit hours:

Word Count/Difficulty Level

- Divide total number of words by 180 (documented average reading time) = number of minutes to read material
- Divide number of minutes by 50 = credit hours
- Course difficulty level is identified by the CE provider on the CER form and should be based on the NAIC CE Standardized Terms-Definitions for basic, intermediate and advanced course difficulty levels\*\*\*.
- Multiply number of hours by 1.00 for a basic level course; 1.25 for an intermediate level; 1.50 for an advanced course for additional study time = total number of credit hours (fractional hours rounded up if .50 above and rounded down if .49 or less).

Interactive Course Content

- Elements included in the online course, in addition to text, such as video, animation, interactive exercises, quizzes, case studies, games and simulations.
- Interactive elements should be applicable to course material and facilitate student learning.
- Only mandatory interactive elements should be included in the calculation of CE credit hours.
- Calculation of CE credit hours should be based on the run time of the interactive elements.
- CE providers will indicate run time of the interactive elements in the course content and upon request provided access to the state for review of the course.

Professional Designation Courses

- Course that is part of a nationally recognized professional designation
- Credit hours equivalent to hours assigned to the same classroom course material

Final Assessment

- Time spent completing the final assessment should not be used in the calculation of CE credit hours.

\*\*\*Course Difficulty Level Definitions:

- Basic – A course designed for entry-level practitioners or practitioners new to the subject matter
- Intermediate – A course designed for practitioners who have existing competence in the subject area and who seek to further develop and apply their skills.
- Advanced – A course designed for practitioners who have a strong foundation and high level of competence in the subject matter.

29. Any correspondence or other self-study course without a monitored exam will not receive any continuing education credit.

30. Applications for self-study courses must include a word count, excluding glossaries, indexes, tables of contents, and appendices. For Internet courses, a screen count is also required. If the required materials or information is not included, the course may be disapproved.

### **Joint courses and Licensed courses**

31. Joint courses – Two or more providers may jointly submit a course for CE credit. If approved, each provider may offer the course under its own name. Course approval fees are required for each provider and submission.
32. Licensed courses – Providers may use approved courses from other providers providing that a letter of authorization accompanies the course submission. The course is eligible as previously approved (course credits and expiration date will be the same.) Course approval fees are required.

### **Webinars**

33. 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.
  - A student cannot be capable of independently completing the course.
  - The provider must have a representative who monitors attendance throughout the course and that the student receiving the continuing education credit actually performed all of the work required to satisfactorily complete the course. When a student is deemed inactive or not fully participating, credit must be denied. 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.

**Commonwealth of Massachusetts Division of Insurance**  
**Continuing Education Program**  
**Appeal Procedures**

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

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

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

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

**Commonwealth of Massachusetts**  
**Division of Insurance**  
**Attn: Robert Hunter**  
**1000 Washington Street, Suite 810**  
**Boston, MA 02118**

**Commonwealth of Massachusetts Division of Insurance**  
**Continuing Education Program**  
**Sanctions for Non-Compliance**

**Providers**

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

- Advertising that a course is approved before receiving approval in writing from the Division.
- Submitting a course outline with material inaccuracies, either in length, presentation time, or topic content.
- Presenting or using unapproved material in providing an approved course.
- Failure to conduct a course for the full time specified in the approval request submitted to the Division.
- Preparing and distributing certificates of attendance or completion prior to the completion of the course.
- Failing to issue certificates of attendance or completion to any licensee who satisfactorily completes a course.
- Failing to promptly notify the Division of suspected or known improper activities.
- Other deceptive or improper practices.
- Failure to submit Course Offering Schedules on a timely basis. In addition, failure to submit a Schedule may result in the denial of credit to participants in sessions not properly reported to Prometric.

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

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

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

# Commonwealth of Massachusetts Division of Insurance Continuing Education Program

## Instructions for Completing the Provider Registration Application

Organizations providing insurance CE for Massachusetts credit must be reviewed and registered by Prometric. Prometric will assign a provider number that will allow courses to be tracked by provider.

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

### Completing the Registration Application

#### Provider Name

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

#### Names and Titles of Owners or Officers

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

#### Address

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

#### Authorized Provider Official

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

#### Voice Phone

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

#### URL

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

#### 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 Massachusetts laws and the Division of Insurance regulations, policies and guidelines regarding insurance continuing education. The Authorized Provider Official must sign this certification.

**Submission**

Submit the registration application and refund policy (see page 6, item 2) to:

**Prometric Operations Center  
Attn: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236  
Email: CESupportteam@Prometric.com**



**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Provider Registration Application**

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

MAP-01 (08/13) PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

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

# Commonwealth of Massachusetts Division of Insurance Continuing Education Program

## Instructions for Completing the Course Approval Application

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

### Completing the Form

#### Provider Name

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

#### Provider Number

Enter the provider number assigned to your organization by Prometric. If you do not have a Prometric provider number, leave this space blank.

#### Course Title

Enter the title (maximum 40 characters).

#### Course Number

Leave blank; Prometric assigns 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 Division policies and guidelines and Massachusetts statutes and regulations.

**Attachments**

For classroom courses: annotated course outline. Case studies must be included if used. For self-study courses: copies of all study materials, exam procedures, examinations and affidavits for self-study courses. See page 9 for specific guidelines.

**Submission**

Send your application form and all necessary 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: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

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

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

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

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.

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Course Approval Application**

Provider Name		Provider Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
Course Type: <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	For classroom only, how will this course be taught? <i>(Check all that apply)</i> <input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Video/Teleconference <input type="checkbox"/> Other _____	Number of Credit hours requested  _____
Course Category: <input type="checkbox"/> General <input type="checkbox"/> Long Term Care <input type="checkbox"/> Public Adjusters <input type="checkbox"/> Ethics <input type="checkbox"/> Annuity		
<p><b>For all courses:</b> Attach refund policy and tuition. If tuition is not charged, check box. <input type="checkbox"/></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, word count, exam procedures and sample exam. See page 9 for submission guidelines.</p>		
Has this course been previously approved by Prometric in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, provide the state and the Prometric-issued course number.
I, the undersigned, do hereby certify that all information provided herein is true and correct.		
_____ Printed/Typed Name of Authorized Provider Official	_____ Signature	_____ Date

MAC-02 (08/13)

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

Mail application **with** completed Course Offering Schedule to:

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

## Instructions for Providers Eligible for NAIC Continuing Education Reciprocity

As of October 2020, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Puerto Rico
Florida	Virgin Islands
Guam	

To obtain Massachusetts 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 Massachusetts provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval.
4. Complete the NAIC 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 \$45.00 course approval fee for each course.

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

## INSTRUCTION SHEET

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM**

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

**Provider Information**

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

**Course Information**

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

**Method of Instruction**

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

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

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

**National Designation?**     Yes     No

**If yes, Designation Type:** \_\_\_\_\_



Difficulty (Check):     Basic                       Intermediate                       Advanced

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

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

## SAMPLE ACCEPTABLE COURSE OUTLINE

### DIRECTORS AND OFFICERS LIABILITY

30 minutes	8:30 - 9:00	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
30 minutes	9:00 - 9:30	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
	9:30 – 9:40	BREAK
60 minutes	9:40 - 10:40	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
	10:40 – 10:50	BREAK
60 minutes	10:50 - 11:50	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.

#### 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 Web site                |
| Working luncheon      |  |
| Noon – 1:00 p.m.      | V. Reserving   |
| 1:00 p.m. – 4:00 p.m. | VI. Loss control activities  |
|                       | VII. Case studies  |
|                       | VIII. Panel discussion with experts  |

**Deficiencies in this outline:**

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

**SAMPLE**

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

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

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

\_\_\_\_\_  
Date

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

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

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

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

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

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

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

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

**MONITOR: DISINTERESTED THIRD PARTY**

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

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

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

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

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

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

\_\_\_\_\_  
Date

**SAMPLE**

**COMMONWEALTH OF MASSACHUSETTS DIVISION OF INSURANCE  
CONTINUING EDUCATION  
COURSE COMPLETION CERTIFICATE**

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

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

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

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

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

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

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

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Instructions for Paper Roster Reporting**

- **The roster form may not be used as the sign-in form.**
- A typed or computer-generated list with the same information is acceptable.
- For rosters that exceed one page, only the course number, course completion date and provider number are needed in the provider information section after the first page.
- **Rosters must be submitted within 10 calendar days of the course's completion.**

**Completing the Form**

**Provider Number**

Enter the provider number assigned by Prometric.

**Provider Name**

Enter the name of your organization. This field, and the course name, are secondary identifiers. The primary identification fields are the provider number and course number. Be especially careful to complete them accurately.

**Course Number**

Enter the Prometric-assigned course number.

**Course Title**

Enter the course title.

**Course Completed**

Enter the date the course was completed. For self-study courses, enter the date the exam was **completed**.

**Producer License Number**

Enter the individual's License number. Students failing to provide a License number will not be granted CE credit.

**Student Name**

Enter the last name, first name and middle initial, as space permits. As with provider and course names, the name is a secondary identifier in case the individual's License number is not accurate.

**Instructors**

To grant credits to an instructor, add the name and License number to the roster and indicate "Y" in the instructor box.

## **Fees**

The reporting fee is \$.50 per credit for each student name on the roster. Enclose a company check, cashier's check, money order or credit card authorization payable to Prometric. Multiple checks from producers will not be accepted. A single payment may be used to cover multiple roster submissions.

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

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

**Use the Fee Worksheet on Page 35 to prepare your payment.**

## **Submission**

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

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

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

## **Confirmation**

A confirmation letter will be sent to providers within 2-3 weeks of receipt indicating that the roster has been processed. **If an error is made by the provider on the roster submission, the provider is responsible for resubmitting the corrected roster with an additional reporting fee.**

## Massachusetts Insurance Continuing Education Course Roster

**Rosters must be submitted within 10 calendar days of the course completion date. Internet roster reporting is available. Contact Prometric for details.**

Provider Number

Provider Name

Course Number

Course Title

Completion Date (mm/dd/yyyy)

### Students

License Number	Last Name	First Name	Middle Initial	Instructor (Y or N)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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## Commonwealth of Massachusetts Division of Insurance Continuing Education Program

### Roster Reporting Information

Accuracy in roster submission is essential. Key entry errors or transpositions in License numbers result in the need for corrections and delay in credits being recorded for producers and brokers. **If an error is made by the provider on the roster submission, it is the provider's responsibility to resubmit the corrected roster with an additional reporting fee.**

Internet roster submission instructions are on the Web site at [www.prometric.com](http://www.prometric.com). An American Express, Visa or MasterCard is required to submit rosters using the Internet.

Course completion must be reported to Prometric within 10 calendar days after completion.

E-mail [CESupportTeam@prometric.com](mailto:CESupportTeam@prometric.com) with questions about Internet or hard copy roster reporting.

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Course Offering**

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

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

You may enter and edit course offering schedules at Prometric's Web site ([www.prometric.com](http://www.prometric.com)) without this form.

PLEASE PRINT OR TYPE

<b>Course Number</b>	<b>Course Title</b>	<b>Location of Course</b> <i>(Complete address with room name and number. Include building name and/or name of business, city, state and ZIP code)</i>	<b>Schedule</b> <i>(Dates held and beginning /ending times for approved segments)</i>	<b>Contact Person and Phone Number at Location</b>

*If you encounter an error or technical issue when attempting to enter an offering online, please use this form to notify Prometric of your anticipated offerings.*

Course offerings and schedule changes must be submitted electronically **at least 15 days in advance**. Notify Prometric **immediately** if a reported course offering is changed or canceled. **MAIL TO: Prometric Operations Center, Attn: Continuing Education Processing, 7941 Corporate Drive, Nottingham, MD 21236**

**Commonwealth of Massachusetts Division of Insurance  
Continuing Education Program  
Fee Worksheet**

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

	<u>Number</u>	<u>Subtotal</u>
<b>Course Fees</b>		
Course Approval	_____ @ \$45	\$ _____
Course Renewal	_____ @ \$45	\$ _____

**Roster Reporting**

(Requires Roster Transmittal Form on page 32 and Roster)

For example:

3 students complete a 4-credit course. Fees due would be 3 x 4 x \$1.50 = \$18.00

1 student completes a 30-credit course. Fees due would be 1 x 30 x \$1.50 = \$45.00

_____ Total number of Student Records	x	_____ Credit Hours	x	\$1.50 Fee	= \$	_____ Total Fees
---	---	-----------------------	---	---------------	------	---------------------

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

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

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

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

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

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

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

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

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

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