State of California

Department of Insurance

Prelicensing/Continuing Education Program Provider Certification/Renewal Application

446-2 (Rev. 01/2023)

Curriculum and Officer Review Bureau - Education Unit
300 Capitol Mall
Sacramento, CA 95814-4309
Information: (916) 492–3064
www.insurance.ca.gov

					DEPARTMENT USE ONLY:
1.	Check one only:	Original Filing	Renewal Change of Provider Director	Provider Number: ______________	Provider Number ____________________ Effective Date: ____________________ By: Date:
2.	Check one only:	Continuing Education	Prelicensing Education		
3.	Entity Type:	Sole Proprietor SSN: ________________ Partnership FEIN: ________________		Corporation FEIN:__________________ Association FEIN:__________________	

4.	Entity Name:			
5.	Does the organization intend to use a fictitious (DBA) name? Yes No If YES, list such name: (Name must be approved by the Department prior to use)			
6.	Business Address*:	Number/Street (PO Box is not acceptable)		
		City	State	Zip
	* If located outside of California, attach completed Form 446-40, Out-of-State Provider Jurisdiction Agreement.			
7.	Mailing Address:	Number/Street/PO Box		
		City	State	Zip
8.	Phone Numbers:	Toll free ( )	Business ( )	Fax ( )
9.	Record Storage Address**:	Number/Street (PO Box is not acceptable)		
		City	State	Zip
	** If address is outside of California, attach completed Form 446-32, Stipulation To Maintain Records Outside of California.			
10.	Record Storage Contact Person:	Last	First	Middle
		Business Phone ( )	Fax number ( )	

PROVIDER DIRECTOR: Individual within a provider organization with responsibility for the administration of the programs approved by the Commissioner pursuant to Sections 1749,1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 1749.85, 10113.2(b)(1)(A), 10234.93(a), and 1810.7 of the California Insurance Code.

11.	Provider Director Name:	Last	First	Middle
12.	Residence Address:	Number/Street		
		City	State	Zip
13.	Phone Numbers:	Residence ( )	Business ( )	Fax ( )

14.	E-mail Address:	
15.	Provider Director Qualifications (experience [i.e. insurance, teaching], professional designations, degrees, licenses held, etc.)	
16.	Is this organization now using, or has it ever used, any name other than listed in #4 or #5 above? If YES, list such names and dates used:	Yes No
17.	Has the organization submitted to the Department within the last year a filing for which an approval has not been issued? Yes No If YES, list name under which the filing was made and date filed:	

COMPLETE THE AREA BELOW FOR YOUR ORGANIZATION TYPE. (Attach additional sheets if more space is needed.)

18) CORPORATE APPLICANT: Complete the following **and** attach a copy of the articles of incorporation. (If you are an admitted insurer and there have been no changes in officers, directors, or stockholders since last official filing with the Department, submit a letter stating such. If there have been changes, the following must be completed.)

	Name: Last, First Middle	Residence Address	Social Security No. *
President			
Vice President			
Secretary			
Treasurer			
Director			
Director			
Director			
Stockholder			
Stockholder			

19) PARTNERSHIP APPLICANT: List name and address of all partners and attach copy of the partnership agreement. If no agreement, submit letter signed by all partners.

Partner Name: Last, First Middle	Residence Address	Social Security No. *

20) SOLE PROPRIETOR or ASSOCIATION APPLICANT: List name and address of proprietor or all officers, directors, and shareholders of association and attach copy of articles of association. If no articles, submit letter stating such.

Name: Last, First Middle	Residence Address	Social Security No. *

*Disclosure of your U.S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b). The social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be

reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the California Department of Insurance, Curriculum and Officer Review Bureau, by phone (916-492-3064) or by mail to the following address: 320 Capitol Mall, Sacramento, CA 95814.

21.	Is there any person within the organization, other than listed in questions #18, #19, or #20, who acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code, who possesses decision making authority in matters pertaining to prelicensing and/or continuing education? YES NO If YES, list name, residence address, and social security number of such person(s). Attach a separate sheet if more space is needed. ____
22.	Has the provider organization been the subject of any administrative agency disciplinary action relating to its prelicensing or continuing education provider status? For the purpose of this question, administrative agency disciplinary action includes, but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation, or receivership order. YES NO
23.	Have any of the provider organization's partners, members, controlling persons, officers, directors, or any shareholders owning 10% or more interest in the organization been the subject of any administrative agency disciplinary action? For the purpose of this question, administrative agency disciplinary action includes, but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation, or receivership order. YES NO
24.	Have any of the provider organization's partners, members, controlling persons, officers, directors, or any shareholders owning a 10% or more interest in the organization ever been convicted of a crime? YES NO "Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury; having entered a plea of guilty or nolo contendere; having had any charge dismissed, expunged, or plea withdrawn pursuant to Penal Code Section 1203.4; or having been given probation, a suspended sentence, or a fine. You may exclude traffic citations and juvenile offenses.

IMPORTANT NOTE: If the answer is "YES" to questions #22, #23, or #24 above, attach a detailed statement, signed by an authorized person for the organization, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment, and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

25.	Is the organization registered with the Bureau for Private Postsecondary Education? YES NO If YES, list approval number: __________________
26.	Describe the organization's experience in offering educational programs to insurance licensees. Attach a separate sheet if more space is needed.
27.	Provide a complete statement of your refund policy and describe how this policy will be transmitted to students before enrollment (submit sample).

28.	Indicate instruction method of courses to be offered:	Contact (attendance required)	Non-Contact (self-directed and/or online)	Both Contact and Non-Contact
29.	For Contact courses, the following information is required: 1) Sample of attendance record forms proposed for use meeting the requirements of Sections 2105.7 or 2188.5(b) of Title 10 of the California Code of Regulations. 2) Sample of Certificate of Completion (see Sections 2105.10(a) or 2188.8(a) of Title 10 of the California Code of Regulations).			
30.	For Non-Contact courses, a statement providing the following information is required: 1) How long do students have to complete the course and how is that information transmitted to them? 2) What is your method for determining what date to use for course completion date and how is that information communicated to students? 3) Please supply information about protecting the integrity of the exam: who has control of the answer key(s); what is a passing grade; if someone fails the exam, may they retake the exam and, if so, how many times and would it be the same exam; and do you return exams to students or discuss the answers with them? 4) Please enclose a copy of your instruction sheet that goes to the student upon enrollment. 5) Sample of Certificate of Completion (see Sections 2105.10(a) or 2188.8(a) of Title 10 of the California Code of Regulations).			

CERTIFICATION

I agree to: (a) maintain records of enrollments, attendance, exam grades, and other pertinent information as requested by the Commissioner for a period of five years; (b) provide certificates of completion to those students who successfully complete courses; (c) use only qualified instructors/subject matter experts to conduct courses; (d) timely provide the Commissioner with completed course approval applications for programs submitted for credit approval; and (e) comply with the prelicensing and continuing education regulations and all applicable California Insurance Code sections. Further, I certify under penalty of perjury that I am the person who has responsibility for the administration of the operations contained in this application, that the information contained in this application is true and correct, and that no approved course will be offered for credit unless the organization holds an active provider approval status. Lastly, I understand that I must promptly report to the Commissioner any changes in the information contained in this form.

____

Original Signature of Provider Director Date

____

Printed Name of Provider Director

FILING INSTRUCTIONS:

This form must be completed by each entity desiring to be certified or to renew certification as a prelicensing or continuing education provider.

Type or print clearly in ink. All sections of this form must be completed and submitted with proper attachments and filing fees to the Department.

Attach additional sheets if more space is needed to answer questions.

Please send this completed application, other required attachments, and a NON-REFUNDABLE $83 filing fee to:

Make checks payable to:
California Department of Insurance

California Department of Insurance
Curriculum and Officer Review Bureau - Education Unit
P.O. Box 311
Sacramento, CA 95812-0311

Education Unit Inquiries: (916) 492-3064