

# NAIC UNIFORM CONTINUING EDUCATION RECIPROCIITY 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  |  |                                  | Federal Tax ID # (FEIN/SSN) |            |  |                     |                                |
| Contact Person   |  | E-mail Address of Contact Person |                             |            | Is Provider an Insurer?<br>Yes      No |                     |                                |
| Phone Number<br>(    ) -      ext.   |  | Fax Number<br>(    ) -      -    |                             | Home State | Home State<br>Provider #               | Reciprocal<br>State | Reciprocal<br>State Provider # |
| Mailing Address  |  |                                  | City                        |            | State                                  | Zip Code            |                                |
| <b>I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours.</b> |  |                                  |                             |            |  |                     |                                |

## Course Information

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| Course Title   |  |   | Is this course open to Public?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |  |
| Date of Course Offering (if applicable)  |  |   |  |   |  |  |  |
| <b>Method of Instruction</b>   |  |   |  | <b>*National Course*</b>  |  |  |  |
| <b>Self-study</b><br><input type="checkbox"/> Correspondence<br><input type="checkbox"/> On-line Training (self study)<br><input type="checkbox"/> Video/Audio/CD/DVD<br><input type="checkbox"/> Word Count _____<br><input type="checkbox"/> Difficulty (Circle) Basic<br>Intermediate    Advanced |  | <b>Classroom</b><br><input type="checkbox"/> Seminar/Workshop<br><input type="checkbox"/> On-line Training (facilitated)<br><input type="checkbox"/> Teleconference<br><input type="checkbox"/> Other _____ |  | <b>National Insurance Designation?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Designation Type:<br><br><b>Course offered by Higher Education Institution?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| <b>Examination Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |  |  |  |

## Credit Hours Requested and Course/Hours Decision

| Course Concentration                     | Hrs. Requested by Provider |           | Hrs. Approve by Home State |           | Hrs. Approved by Reciprocal State |           |
|--|----------------------------|-----------|----------------------------|-----------|-----------------------------------|-----------|
|  | Sales/Mktg                 | Insurance | Sales/Mktg                 | Insurance | Sales/Mktg                        | Insurance |
| <b>A. Insurance Topics:</b>              |                            |           |                            |           |                                   |           |
| Accident/Health                          |                            |           |                            |           |                                   |           |
| Casualty                                 |                            |           |                            |           |                                   |           |
| Ethics                                   |                            |           |                            |           |                                   |           |
| General Insurance Principles (All Lines) |                            |           |                            |           |                                   |           |
| Insurance-related Laws                   |                            |           |                            |           |                                   |           |
| Life                                     |                            |           |                            |           |                                   |           |
| Long Term Care                           |                            |           |                            |           |                                   |           |
| Personal Lines                           |                            |           |                            |           |                                   |           |
| Property                                 |                            |           |                            |           |                                   |           |
| Variable Life and Annuity                |                            |           |                            |           |                                   |           |
| Viatical Settlement                      |                            |           |                            |           |                                   |           |
| Other (Specify)                          |                            |           |                            |           |                                   |           |
| <b>Total Hours</b>                       |                            |           |                            |           |                                   |           |
| <b>B. Adjuster Topics (Total Hours)</b>  |                            |           |                            |           |                                   |           |

*-----Information Below is for Regulator Use Only-----*

|  |  |
|--|--|
| Approval/Disapproval date  |  |
| Course number assigned (if course is approved)                                 |  |
| Course approval expiration date (if course is approved)                        |  |
| Home State disapproval reason (if disapproved):                                |  |
| Signature of Home State Regulator/Representative:                              |  |
| Reciprocal State Regulator/Representative disapproval reason (if disapproved): |  |
| Signature of Reciprocal State Regulator/Representative:                        |  |

**See State Matrix for Instruction Sheet and State Specific Fee Schedule**

# Instruction Sheet

**NOTE:** This course may **NOT** be advertised or offered in the state to which application has been made until approval has been received from that state's 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. If a course may also be used to satisfy a Home State or Reciprocal State's adjuster continuing education requirements, enter the total number of hours of adjuster-relevant education in the "Adjuster Hours" row. "Insurance Hours" and "Adjuster Hours" should be treated independently. For example, if a course has 12 hours of insurance-topic instruction, of which 10 hours is adjuster-relevant, the "Insurance Hours" should total to 12, and you would enter 10 for "Adjuster Hours."
- 1.4. Submit the application form along with required course materials, a detailed course outline, instructor information and the required course application fee.

## 2. *If you are the Home State or the designated representative of the Home State:*

- 2.1. After reviewing the course materials, in the "Credit Hours Requested and Course/Hours Decision" section, complete the "Hrs. Approved by Home State" column. If the state does not permit a certain category of instruction to be approved, enter a zero (0) in the corresponding row. If the course is disapproved in its entirety, all the entries in the "Hrs. Approved by Home State" should be zeroes.
- 2.2. Enter the date of approval/disapproval, course number assigned, course approval expiration date, attach either a home state approval form, sign the CER form, if you wish, in the "Signature of Home State Regulator/Representative" field. If the course is disapproved, write a brief description in the "Home State disapproval reason" field.

## 3. *If you are a Provider filing for approval from a Reciprocal State:*

- 3.1. Make a sufficient number of photocopies of the Home State approved form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.
- 3.2. 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.
- 3.3. 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 which must include date, time, each topic and even location. To determine the state requirements for course instructor information, please see **State Matrix**. ([www.naic.org/documents/urtc\\_cer\\_CE\\_Matrix.xls](http://www.naic.org/documents/urtc_cer_CE_Matrix.xls))

\***National Course** is defined as an approved program of instruction in insurance related topics including a course leading to a national professional designation or an insurance course at an institution offered as part of a degree-conferring curriculum, presented by an approved CE Provider Organization.

- 3.4. Subsequent National Course offerings should be reported only to the state where licensees are seeking credit.

## 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." If the Reciprocal State does not permit a certain category of instruction to be approved, enter a zero (0) in the corresponding row. If the course is disapproved in its entirety, all the entries in the "Hrs. Approved by Reciprocal State" should be zeroes.
- 4.2. Enter the date of approval/disapproval, course number assigned (if course is approved), course approval expiration date (if course is approved), and sign the application in the "Signature of Reciprocal State Regulator/Representative" field. If the application is disapproved, write a brief description in the "Reciprocal State Regulator/Representative disapproval reason" field.

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