

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

**INSTRUCTIONS**

- This form must be completed by each proposed instructor/subject matter expert, lecturer, moderator, or person conducting a classroom course, seminar, workshop, conference, or person identified by the provider to respond to non-contact course student questions.
- Type or print clearly in ink.
- Provider Director must verify the information provided by the instructor/subject matter expert.
- **DO NOT SUBMIT THIS FORM TO THE DEPARTMENT.** Please retain this form and any additional documentation in your files for FIVE YEARS after termination of the instructor/subject matter expert.
- Attach additional sheets if more space is needed to answer questions.

Provider Number: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Instructor/Subject Matter Expert Name: \_\_\_\_\_ Residence Phone: (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip Code

List the course titles and course numbers to be taught:  
Course Title Course Number

Describe your experience (within the last 5 years) in the course or related subject matter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you hold or have ever held an insurance license, complete the following:

License Type	License or National Producer Number	State or Province	Dates License Held	
			From	To

If you have a college degree in the subject matter being taught, complete the following:

Name of College or University	Course of Study	Degree	Date Completed
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Please indicate if you hold a recognized professional insurance designation and the date earned:

LUTC    CLU    AAI    CPCU    CIC    Other: \_\_\_\_\_ Date \_\_\_\_\_

If you hold a recognized professional credential in the subject matter being taught, complete the following:

Type of Credential                      Credential Number                      Date Earned                      State or Province Issued

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Have you ever been an instructor/subject matter expert for another prelicensing or continuing education provider?

YES    NO

If YES, list the provider names, dates and reasons for leaving:

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**BACKGROUND QUESTIONS:**

1. Have you 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

2. Have you ever been convicted of a crime? For the purpose of this question, "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.

Yes    No

**\*IMPORTANT NOTE:** If the instructor/subject matter expert answer is "YES" to either of the above two questions, the instructor/subject matter expert is to attach a detailed statement, signed by you, 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.

**INSTRUCTOR/SUBJECT MATTER EXPERT CERTIFICATION**

I certify under penalty of perjury that the information contained in this application is true and correct and that nothing has been withheld which would influence a complete evaluation of my qualifications and conduct as an instructor/subject matter expert.

I understand that this completed application will be maintained by the provider and made available to the Commissioner as requested.

\_\_\_\_\_  
Original Signature of Instructor/Subject Matter Expert

\_\_\_\_\_  
Date

**PROVIDER DIRECTOR VERIFICATION**

I certify under penalty of perjury that I have reviewed and verified the qualifications of the instructor/subject matter expert named above. To the best of my knowledge and belief, this person meets at least one of the following instructor/subject matter expert qualification requirements as stated in Sections 2105.4 and 2188.1 of Title 10 of the California Code of Regulations:

- Three years experience within the last five years in the course or related subject matter.
- Currently licensed as an insurance agent or broker for the subject being taught and holding the insurance license for three of the last five years.
- Possession of a college degree in the subject matter being taught, or a related recognized professional designation or related recognized professional credential in the subject matter being taught and two years experience within the last five years in the course or related subject matter.

I further certify under penalty of perjury that I have reviewed and maintained at least two of the following documents:

- 1) Copy of degree, license, or certificate in the subject matter being taught;
- 2) Curriculum vitae, resume or transcripts stating instructor/subject matter expert’s experience, qualifications and education;
- 3) Documents or letters from a third party including but not limited to a supervisor, professor, attorney, legislator, or certified public accountant that demonstrates the instructor/subject matter expert meets the minimum requirements; or
- 4) Documentation that the instructor/subject matter expert has successfully completed a course that meets the requirements of Section 1749.4 of the California Insurance Code.

**DO NOT SUBMIT THIS FORM TO THE DEPARTMENT. PLEASE RETAIN THIS FORM IN YOUR FILES FOR REVIEW DURING A PROVIDER AUDIT.**

\_\_\_\_\_  
Original Signature of Provider Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Provider Director