LOUISIANA DEPARTMENT OF INSURANCE



JAMES J. DONELON COMMISSIONER

#### INSTRUCTIONS FOR APPLICATION FOR CONTINUING EDUCATION PROGRAM CERTIFICATION

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Questions about the preparation of this application or continuing education program requirements, may be directed to this Department at (225) 342-0860 or via email at <u>cefilings@ldi.la.gov</u>. You may also find information about continuing education program requirement on our website at <u>http://www.ldi.state.la.us/Licensing/Producer/cont\_ed.html</u>.

Applications submitted hard copy and all payments should be submitted to

Louisiana Department of Insurance Continuing Education Review 1702 North Third St. Baton Rouge, LA 70802

- 1) Initial applications for continuing education programs must be submitted no less than thirty days prior to the first scheduled presentation of the program. Applications for renewal of a continuing education program must be submitted no less than thirty days prior to the expiration of the certification of the program.
- 2) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to <u>cefilings@ldi.la.gov</u> to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to the address above. The form entitled Payment Remittance for Electronic Submission must be completed and submitted along with all payments where the application is submitted electronically.
- 3) An application submitted electronically must include a completed and signed application form. The documents may be imaged using any of the standard image formats such as .pdf or .tif formats. An application submitted hard copy must include original signatures.
- 4) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. All correspondence must be sent to the attention of the Continuing Education Review to assure prompt receipt and handling.
- 5) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 6) Do not alter the forms contained in this packet. If you feel the requirements do not apply to the applicant notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) Every program which is not self-study should designate at least one supervising instructor who is responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program. This supervising instructor must meet the requirements of Rule 10 § 719.

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### APPLICATION FOR CONTINUING EDUCATION PROGRAM CERTIFICATION

| Provider Information:  |   |
|--|---|
| Provider Name:   |   |
|  | ouisiana Provider Number*:                              |
|  |   |
| Address:   | LOR   |
| Website:   |   |
| Contact Person:  | JUNION  |
| Phone:   | Fax:  |
| Email Address of Contact:  | A C Y   |
| Program Title:   |   |
| * The provider number must be supplied by providers who<br>Department of Insurance. If the provider is a first-time ap | have previously had a program approved by the Louisiana |
| Application Type: Indicate the type of application. If this  |   |
| Program or Course number previously assigned b   | y the Louisiana Department of Insurance.                |
| First-time Application   | Renewal Program #                                       |
| <i>License Type:</i> Check all of the license types for which pro  | gram approval is being requested.                       |
| Producer – Life  | Producer – Personal lines                               |
| Producer – Health and accident   | Producer – Bail bond                                    |
| Producer – Property  | Producer – Title  |
| Producer – Casualty  | Adjuster  |
| Method of Instruction: Choose the method below which   | best describes how the material will be presented.      |
| Classroom/Lecture  | Self- Study – Correspondence                            |
| Seminar Seminar  | Self-Study – Web-based                                  |
| Web-based Seminar (Webinar)  | Professional Association Participation                  |

| <i>Method of Determining Successful Completion:</i> Choose the option below which best describes the determine that a licensee has successfully completed the program. If you choose "Other" you detailed explanation of the method to be used.   |                       |
|---|-----------------------|
| Final Exam - Supervised Attendance  |                       |
| Final Exam - Unsupervised Other   |                       |
| <b>Program Concentration:</b> Below provide a breakdown of the number of hours being requested for each the total number of hours requested for the program. Credits are awarded in 1 hour increment attached to this application must support the number of requested hours.   |                       |
| Subject   | Hours Requested       |
| General Insurance Principles  |                       |
| Ethics  |                       |
| Flood   |                       |
| Long-term Care Insurance  |                       |
| Annuities   |                       |
| Consumer Finance Protection (for title producers)   |                       |
| Bail Enforcement (for bail producers)   |                       |
| Total Hours Requested   | I                     |
| <b>Schedule, Location and Fee:</b> If the program is not self-study, provide the scheduled date, time and the presentation of the program and the cost of the program to each participant. If the program multiple times, list only the first scheduled presentation hereon and submit a Program Presentall other occurrences.  | im will be presented  |
| Beginning Date:   Beginning Time:     Location Address:   | g Time:               |
| Cost to Participant:  |                       |
| Is this presentation open to the public?<br>If no, provide a brief explanation of who is eligible for attendance.   |                       |
| Professional Designation Applicability:   |                       |
| Is the program to be used to obtain or maintain a professional designation? If yes, what designation?   | Yes No                |
| Attestation of Provider Representative  |                       |
| I, the undersigned, do hereby attest that all of the information contained in this application and all a true and correct. I do further attest that I am familiar with the requirements of the Louisiana Insur continuing education requirements and the provisions of Rule 10 of the Louisiana Department of Insur the provider and program presented in this application are compliant with all provisions thereof. | ance Code relative to |
| (Printed Provider Representative Name) (Signature of Provider Representative  | ive)                  |
| (Title of Provider Representative) (Date)   |                       |

Attachments: All of the following must be attached to this application.

**Program Overview** – Provide an overview of the program including a list of resource material to be used, a description of the training aids to be used, detailed description of the program and a timed outline of the program which clearly indicates the time spent on each subject for which credit is being requested.

Textbook/Student Materials- Provide a copy of textbook, handouts or other materials to be presented to the student.

- *Instructor Information* If the program is not a self-study program, attach a fully completed Continuing Education Instructor Information form for each instructor for the program. The proper form is attached. For any instructors of the program added after approval of the program, the completed form must be supplied no less than thirty days prior to a presentation of the program by that instructor.
- **Online Access to Self-Study Courses-** If the program is a web-based self-study course, provide the necessary access codes to view complete online program. Full course access is required.
- **Program Presentation Schedule-** If the program is not a self-study program and will be presented multiple times, provide a copy of a fully completed Continuing Education Program Presentation Schedule for each presentation scheduled at the time of this application. For any presentations not include in this application, the provider must submit a complete Program Presentation Schedule no less than three days prior to the presentation.

Fee – Program approval fee of \$25.00. If the provider is a first-time submitter, a fee of \$250.00 must also be submitted.



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## CONTINUING EDUCATION INSTRUCTOR INFORMATION

| <b>Provider Information:</b> Provide the requeste the instructor will be presenting.   | d information for the pro  | ogram provider and                             | l indicated the program (s) which              |
|--|--|--|--|
| Provider Name:   |  |  |  |
| Provider FEIN Number:  | Louisiana Pro  | ovider Number*:                                |  |
| Program /Course Number(s):   |  |  |  |
| * The provider number must be supplied by p<br>Department of Insurance. If the provider is a   |  |  | am approved by the Louisiana                   |
| Instructor Identification Information: Pro<br>legal name of the instructor including   |  | rmation for the inst                           | ructor. You must provide the full              |
| Instructor Name:   |  |  |  |
| Resident Address:  |  | An L   |  |
| Business Address:  |  | <u>//* ,                                  </u> |  |
| Current Occupation:  | $\mathbb{A}$   |  |  |
| <b>Education and Training:</b> Provide the reque<br>additional insurance or educational to<br>instructional material. You may attac-<br>lieu of completion of this portion of th | raining which qualifies t<br>h a resume` or curriculu  | the instructor to tea                          | ch the program and present the                 |
| School or Training Facility I  | Name   | Dates<br>Attended                              | Degree or Professional<br>Designation Obtained |
|  |  |  | - 31-  |
| NZ NO  |  | 7° 6   | 121  |
| - VAX C  | A Dunit  |  | 25   |
| Membership in Professional Societies and<br>in professional societies or associatio<br>present the instructional material. You<br>information in lieu of completion of th        | ons which contribute to thus which contribute to thus which contribute to the units of the test of | he ability of the inst                         | tructor to teach the program and               |
| Name of Professional So  | ciety or Association   |  | Dates of Membership                            |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| Other Qualifications: Briefly describe any other qualifications, training, employment or skills which contribution to the |
|---|
| ability of the instructor to teach the program and present the instructional material. You may attach a resume` or        |
| curriculum vitae which provides the requested information in lieu of completion of this portion of the form.              |

**Professional Licenses:** Provide the requested information for all professional licenses which the instructor may hold in any state or jurisdiction. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.

| License Type                       | State/Jurisdiction                    | License #                    | Date Issued |
|------------------------------------|---------------------------------------|------------------------------|-------------|
|                                    |                                       |                              |             |
|                                    |                                       |                              |             |
|                                    |                                       |                              |             |
|                                    |                                       |                              |             |
| Interrogatories: Provide responses | to the questions below and include an | y supplemental information i | requested.  |
|                                    |                                       |                              |             |

| Is the instructor currently licensed as an insurance producer or adjuster in the state of Louisiana?<br>If yes, provide the Louisiana license number.  | Yes   | 🗌 No |
|--|-------|------|
| Has the instructor ever been the subject of disciplinary or regulatory action for insurance related practices by the insurance department of any state or any similar state or federal regulatory body? If yes, provide a full explanation for and a copy of the action.                                 | Yes   | 🗌 No |
| Has the instructor ever been the subject of other action which is required to be disclosed in compliance with the Rule 10 of the Louisiana Department of Insurance §715 A 6? If yes, provide a full explanation for and a copy of the action.  | Yes   | 🗌 No |
| Will this instructor be a supervising instructor responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program? If no, provide the full name of the supervising instructor responsible for the conduct of this instructor. | 🗌 Yes | 🗌 No |

Attestation of Instructor

I, the undersigned, do hereby attest that all of the information contained in this application and all attachments hereto are true and correct.

(Signature of Instructor)

(Date)

Application for Continuing Education Program Certification Page 6 of 8 Revised 7-2020



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#### CONTINUING EDUCATION PROGRAM PRESENTATION SCHEDULE

# This completed form must be filed with the Louisiana Department of Insurance no less than three (3) days prior to presentation of an approved continuing education program.

| Provider I  | nformation:   | Provide the i | ndicated inforr | nation for the program and provider of the p                                 | rogram.                |
|-------------|---------------|---------------|-----------------|--|------------------------|
| Provider Na | ume:          |               |                 |  |                        |
| Provider FE | IN Number:    |               |                 | Louisiana Provider Number*:  |                        |
| Program/Co  | ourse Number: |               | 01              | LUUN   |                        |
|             |               |               |                 | rs who have previously had a program appr<br>me applicant, leave this blank. | roved by the Louisiana |
| Schedule I  | Information:  | Provide the   | requested infor | rmation for the scheduled presentation of the                                | program.               |
| Start Date  | End Date      | Start<br>Time | End<br>Time     | Physical Address of Presentation   | Instructor(s)          |
|             | H             |               | 100             |  |                        |
|             | 5             |               | Liter V         |  | P                      |
|             |               |               |                 | MANUKS   |                        |
|             | \ĉ            |               | 18              |  | Â                      |
|             | 19            |               | No.             | Seller S. !  | ž/                     |
|             |               | 52.           | QN              | FIDEN  |                        |

Attestation of Provider Representative

I, the undersigned, do hereby attest that I have reviewed and am familiar with all requirements of Rule 10 of the Louisiana Department of Insurance and that all facilities indicated above are in compliance with the provisions of that Rule 10 § 721.

(Printed Provider Representative Name)

(Signature of Provider Representative)

(Title of Provider Representative)

(Date)



LOUISIANA DEPARTMENT OF INSURANCE JAMES J. DONELON COMMISSIONER

#### PAYMENT REMITTANCE FOR ELECTRONIC SUBMISSION

This form is to be attached to a hard copy payment remittance made in association with the electronic filing of a continuing education program. This document MUST be attached to the payment for proper credit.

| <b>Provider Information:</b> Provide the requested is which payment is being remitted.  | nformation for the provider that submitted the program(s) for  |
|---|--|
| Provider Name:  | - TOON   |
| Provider FEIN Number:   | Louisiana Provider Number*:  |
| Address:  |  |
| Contact Person:   |  |
| Phone:  | Fax  |
| Email Address of Contact:   |  |
| Amount of Payment Attached:   |  |
| * The provider number must be supplied by provid  | lers who have previously had a program approved by the Louisiana   |
| Department of Insurance. If the provider is a first-  | time applicant, leave this blank.  |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub  | time applicant, leave this blank.<br>mission date for all programs for which payment is being  |
| Department of Insurance. If the provider is a first-  | time applicant, leave this blank.<br>mission date for all programs for which payment is being  |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |
| Department of Insurance. If the provider is a first-<br><b>Program Titles:</b> Provide the full titles and sub<br>remitted. Payment should be sent on the | time applicant, leave this blank.<br>mission date for all programs for which payment is being<br>he same day as the program submittal. |