



**UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM**

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

**Filing Fee - \$100 - 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	

**Course Information**

Course Title		
Date of Course Offering (if applicable)		Renewal Course No.
Method of Instruction	Classroom (contact)	National Course
<b>Self – Study (non-contact)</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> On-Line Training (Self-Study) <input type="checkbox"/> Video/Audio/CD/DVD Word Count _____ Difficulty (Circle) Basic    Intermediate    Advanced	<b>Classroom (contact)</b> <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Webinar <input type="checkbox"/> Teleconference <input type="checkbox"/> Other _____	<b>National Insurance Designation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type: _____  <b>Is this Course Open to the Public?</b>  <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 Approved by Home State		Hrs Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales /Mktg	Insurance
<b>A. Insurance Topics:</b> (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viatical, Annuities, _____)						
Total Hours						
<b>B. Adjuster Topics (Total Hours)</b>						

**Information Below is for Regulator Use Only**

Approval Date		
Course Number assigned		
Course approval expiration date		
Signature of Home State Regulator/Representative <b>OR</b> <u>ATTACH</u> Provider Home State Approval Form		
Signature of Reciprocal State Regulator/Representative <b>OR</b> <u>ATTACH</u> Reciprocal State Approval Form		

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

## 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 specific requirements for submitting insurance adjuster 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. Refer to website below for instructor information

([www.naic.org/documents/urtt\\_cer\\_CE\\_Matrix.xls](http://www.naic.org/documents/urtt_cer_CE_Matrix.xls)).

### 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 which 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 a HOME STATE or the designated Representative of the Home State:**

- 3.1 After reviewing the course materials, complete the “Hrs Approved by Home State” column.
- 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 class 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”.
- 4.2 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 class is not approved, note it on the bottom of the CER Form.