State of South Carolina – Department of Insurance

Education Services Division - P.O. Box 100105
Columbia, 29202-3105

Continuing Education **Instructor** Approval Application

Please print legibly or type - **Sponsor Information (must be completed by sponsor):**

Name of Approved Sponsor: _____ Sponsor Number_____

Sponsor's Authorized Representative: _____

Sponsor's Address: _____
ADDRESS CITY STATE ZIP

Sponsor's Telephone Number: _____ Email Address: _____

Please check here if sponsor has had an address change within the past year. ☐ Yes

I understand that a sponsor is responsible for the actions of an instructor. I understand that a sponsor and instructor who violates South Carolina Code Ann. §38-43-106(A) (1) and/or Regulation 69-50 relating to the continuing education program requirements may be assessed a fine of not less than $1,000, suspension of approval or termination of approval status.

_____ _____
Signature of Sponsor's Authorized Representative **Date**

Applicant (Instructor) Information: If required material is not submitted and/or if the application is not properly completed, it will be returned to the sponsor and the filing fee will be forfeited.

Full name of Applicant: _____ Date of Birth: _____ (Required)

Social Security Number: _____ **(Required)** Email Address: _____

Home Mailing Address: _____
(Required) ADDRESS CITY STATE ZIP

(SC DOI must be notified within 30 days of change in address) Telephone Number: _____ **(Required)**

New ☐ **Renewal** ☐ **Instructor number required for renewal** _____

Requesting approval to teach courses in: ☐ **LAH** ☐ **P&C** ☐ **Bail bondsman**

The following must be attached to the application for instructor approval. If any information is not submitted, the application will be disapproved and the filing fee will be forfeited. Reg. 69-50 VI.A(3). **Documentation not required for renewals.**

1. **A $25 nonrefundable filing fee; (A resume or biographical information will not be accepted as documentation**
2. Applicant must attached one of the following documentation
   - ☐ (a) Copy of **college degree in insurance** from an accredited institution of higher learning;
   - ☐ (b) Copy of **professional designation** of **CPCU or CIC** for property and casualty approval and **ChFC, CFP, FLMI, LUTCF or CLU** for life, accident and health approval
   - ☐ (c) Copy of a letter (**on insurance company letterhead and signed by the employer)** verifying the applicant has **at least seven or more years** of practical experience in the subject matter. **The letter should include the applicant's job title and description of job duties. (A resume or bio will not be accepted, as documentation)**;
   - ☐ (d) Copy of **college degree and letter** indicating applicant has **three or more years** of practical experience in LAH experience to teach LAH courses, P&C experience to teach P&C courses, and bail bonding experience to teach bail bondsman courses.
   - ☐ (e) Copy **of designation or certificate [INS]** indicating applicant has **five or more years** of practical experience in the subject matter **(see (d) above)** and has one or more of the following professional insurance designations or programs in the subject matter **(see (b) above)** for which approval is sought; **INS or AAI**;
   - ☐ (f) Copy of letter on letterhead indicating applicant has minimum of one year experience as Insurance Department regulator.

The following questions must be answered by the applicant.

1. Have you ever been the subject of any disciplinary action, including suspension, cancellation or revocation by any Insurance Department, governmental entity or other licensing authority? ☐ Yes ☐ No.
   If yes, attach a statement providing complete details.
2. Have you ever been convicted, pled guilty or not contest in any criminal proceedings? ☐ Yes ☐ No. If yes, attach a statement providing complete details.
3. Have you ever been charged by any entity with misappropriation, conversion or withholding of money? ☐ Yes ☐ No. If yes, attach a statement providing complete details.
4. I understand that if I violate South Carolina Code Ann §38-43-106(A)(1) or Regulation 69-50 relating to the continuing insurance education program requirements, I may be assessed a fine of not less than $1,000, suspension of approval or termination of approval status. ☐ Yes ☐ No.

I _____, do solemnly swear that the information and answers contained I this application are true and
(Applicant's signature) complete to the best of my knowledge.

For Department Use Only _____Date Reviewed _____ Approved _____ Disapproved Instructor Approval Number _____
Reason for Disapproval: