

**OKLAHOMA CONTINUING EDUCATION & PRE-LICENSING EDUCATION PROVIDER  
COURSE SUBMISSION CHECKLIST  
For Providers submitting Electronic Filings  
(Rev. 01/2011)**

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1. **Continuing Education Provider & Pre-Licensing Education Provider Application:** New providers submit completed application and \$200 fee directly to the Oklahoma Insurance Department. (Annual renewal required by approval anniversary date) Updates or changes to provider information can be made at no additional cost.
  2. **Course Approval and Renewal Request Filings:** Submit the course filings via Sircon for either Agent/Producer or Adjuster. If applying for both, two requests will have to be submitted. **(See #11 for submission deadline)**
  3. **Course Description with objective statement and timed detailed outline.** For Classroom / Seminar courses.
  4. **Classroom or Seminar Courses:** All course materials. **(See 7 below).**
  5. **Correspondence Courses:** (Information below is required to be uploaded into Sircon for all initial and renewal course filings.)
    - a. Copy of Table of Contents
    - b. Copy of Examination
    - c. Word Count (excluding exam questions)
    - d. Course Material Content (**see 7 below**)
  6. **Internet Courses:** (Information below is required to be uploaded into Sircon for all initial and renewal course filings.)
    - a. Copy of Examination
    - b. Word Count (excluding exam questions)
    - c. Course Material Content (**see 7 below**)
    - d. Login information for the ability to view the course online
  7. **Course Material Content:** (Information below is required to be uploaded into Sircon for all initial and renewal course filings.)
    - a. Workbooks
    - b. Power Point slides/Overhead Transparencies
    - c. Manuals
    - d. Handouts
    - e. Any additional information used by instructor or material given to the agent/adjuster
  8. **Instructor Qualification Form and Resume** for each instructor not approved. Instructor approvals are specific to your provider number.
  9. **Copy of Certificate of Course Completion** to be used other than the prescribed Oklahoma Insurance Department, **Certificate of Course Completion Form (CE-5).**
  10. **NAIC Reciprocity Submissions:**
    - a. NAIC Uniform Continuing Education Reciprocity Course Filing application via Sircon.
    - b. Home State Certificate Approval
    - c. Timed Detailed Course Outline
    - d. If not a previously approved Oklahoma CE provider please submit CE Provider & Pre-Licensing Education Provider Application and 200.00 fee via paper to the Oklahoma Insurance Department.
  11. **Submit courses according to the schedule** in order for the Continuing Education Advisory Committee to review the submission in advance of the offering date. **Courses must be submitted at least thirty (30) days prior to the use of any course and not less than ten (10) days prior to the Continuing Education Advisory Committee meeting immediately preceding the course date.** Continuing Education Advisory Committee meetings are the first Wednesday of the month.
  12. Forms, Guidelines and other information for CE Providers or Pre-Licensing Education Providers may be found on our website, [www.oid.ok.gov](http://www.oid.ok.gov) under Producers and Adjusters, CE Information, and then CE Provider information.

**OKLAHOMA INSURANCE DEPARTMENT**

5 Corporate Plaza  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112-4511  
(405) 521-3916 Fax (405) 522-3642

**Continuing Education Provider & Pre-Licensing Education Provider Application**

New  Update

CE Provider  Pre-Licensing Education Provider

**Make Checks Payable to the Oklahoma Insurance Department.**

Provider Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this a public funded institution?  Yes  No

Is this a Federal Agency?  Yes  No

Is this an Oklahoma State Agency?  Yes  No

Is this a Not for Profit or Non-Profit Organization?  Yes  No

For Department Use Only:

Check #: \_\_\_\_\_ Received: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**Oklahoma Insurance Department**  
Five Corporate Plaza  
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**CONTINUING EDUCATION or PRE-LICENSING EDUCATION INSTRUCTOR  
QUALIFICATION FORM**

This form must be completed and submitted for all new instructors **14 days** prior to course date.

- For confirmation, a copy of this form and a self-addressed, stamped envelope must be enclosed.**

**INSTRUCTOR INFORMATION**

Instructor Name:	Sponsoring Entity:
Instructor Address:	Provider Number:
City, State, Zip:	Instructor Signature and Date:

**Resume indicating related education and employment must be attached with this form.**

An Instructor shall have one of the following qualifications as documented by the application:

- Three (3) years recent experience
- A degree related to the subject
- Two (2) years recent experience and 12 hours of college and/or vocational-technical school credit hours.

I certify that the information contained in this application is correct.

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CERTIFICATE OF COURSE COMPLETION**

**NOTICE TO THE STUDENT:**

The Continuing Education (CE) provider is required for notifying the Oklahoma Insurance Department within ten (10) business days of course completion. A course may not be repeated within the 24 months. The 24 months begins the first day of the month following the month the license renewed.

**PLEASE KEEP THIS CERTIFICATE FOR YOUR RECORDS.** *Some providers may charge a fee to furnish you with a duplicate form.*

<b>Licensee's Name:</b>		<b>Oklahoma License Number:</b>
<b>Street Address:</b>		
<b>City, State, Zip:</b>		
<b>Provider Name:</b>		
<b>Course Title:</b>		<b>Course Number:</b>
If this course is for <b>CE Credit</b> , please fill out the information below:	If this course is for <b>Pre-Licensing Credit</b> , please fill out the information below:	If this course is for <b>Medicare Credit</b> , please fill out the information below:
<b>ETHICS</b> Number of Hours:	<b>INS AGENCY ADMIN</b> Number of Hours:	<b>TOTAL MEDICARE</b> Number of Hours:
<b>LEGISLATIVE UPDATE</b> Number of Hours:	<b>ETHICS</b> Number of Hours:	
<b>TOTAL CE</b> Number of Hours:	<b>FIDUCIARY RESPONSIBILITY</b> Number of Hours:	
	<b>TOTAL PRE-LICENSING</b> Number of Hours:	
Date Course Completed (M/D/YYYY):		Location:
Coordinator's Signature:		Date:

***Please verify that the information listed above is correct.***