OKLAHOMA CONTINUING EDUCATION & PRE-LICENSING EDUCATION PROVIDER COURSE SUBMISSION CHECKLIST
For Providers *exempt* from electronic filing (Not for Profit Organizations, Non-Profit Organizations, Professional Associations, Publicly Funded Organizations & State Entities)
(Rev. 01/2011)

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1. **Continuing Education Provider & Pre-Licensing Education Provider Application:** New providers submit completed application.

2. **Course Approval Request:** Submit the form in **DUPLICATE** for either Agent/Producer or Adjuster. If applying for both, attach in duplicate for each. (**See #11 for submission deadline**)

3. **Course Description with objective statement and timed detailed outline.** For Classroom / Seminar courses.

4. **Classroom or Seminar: Copies of all materials.** (***See 7 below)***.

5. **Correspondence Courses:**
   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:**
   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:**
   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 Form
    b. Home State Certificate Approval
    c. Timed Detailed Course Outline
    d. Schedule of Course Offering Form
    e. If not a previously approved Oklahoma CE provider please submit the following via paper to the Oklahoma Insurance Department CE Provider & Pre-Licensing Education Provider Application

11. **A self-addressed, postage-paid envelope**

12. **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.

13. Forms, Guidelines and other information for CE Providers or Pre-Licensing Education Providers may be found on our website, www.oid.ok.gov under Producers and Adjusters, CE Information, and then CE Provider information.

CE-1
(Rev. 01/11)

OKLAHOMA INSURANCE DEPARTMENT

5 Corporate Plaza
3625 NW 56th 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

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:

Provider Number: _____

CE-2
(Rev. 01/2011)

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COURSE APPROVAL REQUEST

Provider # _____

Provider Name/Address:	Contact Information: Name: _____ Phone: _____ Fax: _____ Email: _____

Course Title: _____

CE Hour(s) Requested: General _____ Ethics_____ Legislative Update _____

Total Hours: _____

Pre-Licensing Hour(s) Requested (Provisional Producers Only): Ins Agency Admin_____ Ethics _____ Fiduciary Responsibility _____Total Hours: _____

		Course Information:		
Agent/Producer	**Adjuster**	**Method of Instruction**	**Type**	
☐ Life ☐ A/H ☐ P/C ☐ Title ☐ Agency Management ☐ Annuity ☐ Ethics ☐ HUB ☐ Legislative Update ☐ LTCP ☐ Medicare Initial ☐ Medicare Renewal ☐ NFIP-Flood ☐ Pre-Licensing	☐ WC ☐ Bonds ☐ P/C ☐ Crop Hail ☐ Veh ☐ Ethics ☐ Legislative Update ☐ NFIP-Flood ☐ Work Comp Act	☐ Class ☐ Simulcast, Webinar ☐ Correspondence ☐ Internet ☐ Video or Download of pre-recorded presentation ☐ Pre-Licensing Classroom Only	☐ New ☐ Renewal	☐ Closed to Public ☐ Open to Public

Designate the Length of time you want the course approved:

☐ 3 Months ☐ 1 Year ☐ 2 Years

Schedule: Class or Seminar

Location: _____

Address, City, State: _____

Date(s) of Course: _____

Primary Instructor(s):_____

Instructors previously approved? ☐ Yes ☐ No (If no, attach Instructor Qualification Form and Resume)

If Correspondence or Internet course, please complete this section:

Word Count EXCLUDING Exam Questions: _____ Screen Count EXCLUDING Exam Questions: _____

Number of Multiple Choice Exam Questions: _____

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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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COURSE COMPLETION FORM

This information must be typed or legibly printed and **received** in the department within **ten (10) business days** of course completion. A separate CE-4 form shall be prepared for each individual course number*. Your own format may be submitted but must list the required information indicated below. Attach additional forms as necessary.

Provider Name _____

Address _____

Contact _____ Phone (____) _____-_____

Course Title _____

Oklahoma Course Number(s): _____

***If you are reporting only one person with multiple courses, you may use one reporting form.**

Continuing Education ☐

Date of Course	Oklahoma License Number	Licensee's Legal Name	Licensee's E-mail

Pre-Licensing ☐

Date of Course	Provisional License Number	Licensee's Legal Name	D.O.B.	Last 4 digits of SS#

PROVIDER'S AFFIDAVIT

I hereby certify that the above and foregoing is a timely and accurate report of continuing education or pre-licensing to the Oklahoma Insurance Department. The agents/producers or adjusters appearing on this report completed the course and are entitled to continuing education and pre-licensing education credits as reflected above.

Authorized 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.*

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

Please verify that the information listed above is correct.

CE-6
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SCHEDULE OF COURSE OFFERINGS

Notice of Approved Course Offerings to be Repeated

Provider Name: _____

This notification is being filed with the Oklahoma Insurance Department at least 14 days in advance of the beginning date of the approved course to confirm the time, location, date and instructor(s).

Title of Course: _____

Oklahoma Course ID Number: _____

Is this course closed to the public? ☐ Yes ☐ No

Date to be held: _____ Time: _____

Location (Address/City/State): _____

Instructor(s) for course	Previously Approved?
_____	☐ Yes ☐ No
_____	☐ Yes ☐ No
_____	☐ Yes ☐ No

If no, attach a completed Instructor Qualification Form with resume.

Submitted by: _____ Title: _____

Organization: _____ Date: _____

I will notify the Oklahoma Insurance Department of all students successfully completing the course within ten (10) business days after the course is completed.

_____ Date: _____
Signature

Telephone number: _____ Fax: _____

Email address: _____

UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM

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

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)

Method of Instruction		National Course
Self – Study (non-contact)	**Classroom (contact)**	**National Insurance Designation?**
☐ Correspondence	☐ Seminar/Workshop	☐ Yes ☐ No
☐ On-Line Training (Self-Study)	☐ Webinar	Designation Type:
☐ Video/Audio/CD/DVD	☐ Teleconference	_____
Word Count _____	☐ Other _____	**Is this Course Open to the Public?**
Difficulty (Circle) Basic Intermediate Advanced		☐ Yes ☐ No
Examination Required?	☐ Yes ☐ 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
A. Insurance Topics: (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. Adjuster Topics (Total Hours)						

Information Below is for Regulator Use Only

Approval Date			
Course Number assigned			
Course approval expiration date			
Signature of Home State Regulator/Representative **OR** ATTACH Provider Home State Approval Form			
Signature of Reciprocal State Regulator/Representative **OR** ATTACH 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).

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.