

NAIC UNIFORM INSTRUCTOR REGISTRATION

PROVIDER INFORMATION

PROVIDER NAME	PROVIDER NUMBER
I certify that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor. The individual named as an instructor has been approved by this Provider for the subject matter being taught. In addition, the provider attests that a background check has been done on the instructor and there was nothing found in the instructor's background that would disqualify them from teaching the subject matter.	
PRINT/TYPE NAME OF PROVIDER REPRESENTATIVE	SIGNATURE
TITLE	DATE

INSTRUCTOR INFORMATION

		INSTRUCTOR NUMBER (LEAVE BLANK)	
INSTRUCTOR LAST NAME	FIRST NAME	MIDDLE NAME	
By what other names have you been known? If none, so state.			
HOME STREET ADDRESS			
CITY	STATE	ZIP CODE	
BUSINESS PHONE () EXT.	RESIDENCE PHONE ()		
Please indicate which two items qualify you as an instructor under the rules listed in the State's CE Administrative Regulations:			
<input type="checkbox"/> A minimum of three years working experience in the subject matter being taught <input type="checkbox"/> Teaching experiences certified by the provider <input type="checkbox"/> A professional designation from a recognized industry organization or association <input type="checkbox"/> A degree or certificate from an accredited school in the subject matter being taught <input type="checkbox"/> Specialized knowledge in the subject matter being taught			
List professional designations			
I HAVE SPECIALIZED EXPERIENCE IN THE FOLLOWING SUBJECT MATTER			
SUBJECT MATTER	YEARS EXPERIENCE	DESIGNATED DEGREE	
I certify that the information on this form is true and correct to the best of my knowledge, that I satisfy two or more qualifications of Regulations of the State Agency, and the information accurately represents my qualifications to teach insurance courses. I understand the information on this form is subject to verification through the audit process. I agree to abide by all State statutes, regulations, and program requirements regarding insurance and insurance continuing education.			
PRINT/TYPE NAME OF INSTRUCTOR	SIGNATURE	DATE	