



**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	
Submitter Name (if different from provider contact person above)					
Submitter Phone Number		E-mail Address of Submitter			

**Course Information**

Course Title	
Date of Course Offering (if applicable)	Existing Course Number (if applicable)

**Method of Instruction**

<u>Non-Contact / Asynchronous*</u>	<u>Contact / Synchronous*</u>
<b>Self – Study</b> <input type="checkbox"/> Correspondence <input type="checkbox"/> On-Line Training (Self-Study) <input type="checkbox"/> Recorded Media <input type="checkbox"/> Other _____ Word Count _____ Mandatory Run-time _____ (Interactive Components of Course)	<b>Classroom</b> <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Other _____  <b>Webinar</b> <input type="checkbox"/> Virtual Class/Webinar/Video Conference <input type="checkbox"/> Other _____

**Measurement used for successful completion:**     Attendance     Final Exam     Other \_\_\_\_\_

**Is this course open to the public?**     Yes     No

**National Designation?**     Yes     No  
**If yes, Designation Type:** \_\_\_\_\_

**Difficulty (Check):**     Basic                       Intermediate                       Advanced

***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. Producer Topics:</b> (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viaticals, Annuities, etc.) _____						
<b>Total Hours</b>						
<b>B. Adjuster Topics</b> (Circle Appropriate Course Concentration)						
General						
Workers Comp						
Ethics						
Other _____						
<b>Total Hours</b>						
<b>C. Public Adjuster</b> (Circle Appropriate Course Concentration)						
General						
Ethics						
Other _____						
<b>Total Hours</b>						
<b><i>Information Below is for Regulator Use Only</i></b>						
Approval Date						
Course Number assigned						
Course approval expiration date						
Signature of Home State Regulator/Representative <b>OR ATTACH</b> Provider Home State Approval Form						
Signature of Reciprocal State Regulator/Representative <b>OR ATTACH</b> Reciprocal State Approval Form						

## 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 state specific requirements for submitting 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.

### 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 that 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 the HOME STATE or designated representative of the Home State:

- 3.1 After reviewing the course materials, complete the “Hrs Approved by Home State” column.
  - 3.1.1 Multiple types of credit and delivery methods can be approved using one CER Form.
- 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 course 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”.
  - 4.1.1 It is unnecessary for each State to perform a substantive review of continuing education courses that have previously been approved by the Home State.
  - 4.1.2 Reciprocal states cannot award different credits than the home state unless certain aspects are not allowed by state law.
- 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 course is not approved, note it on the bottom of the CER Form.
- 4.4 The reciprocal state agrees to approve the CER submission within 30 days of receipt.

**Substantive Review** – A thorough review of the course to confirm compliance with the home state’s applicable laws and regulations for the approval of insurance continuing education. The review includes a determination whether the:

1. Subject matter meets the criteria for insurance education, to include approvable and non-approvable topic guidelines;
2. Provider has procedures for reviewing course material in order to keep it up to date and timely;
3. Course design and instructional strategies are appropriate for the method of delivery;
4. Credit hours are properly calculated based on instruction method;
5. Criteria for completing the course meets the standards applicable to the instruction method.

\***Drafting Note:** The instructor information matrix was eliminated in 2018 as this information should be readily available on individual state/jurisdiction websites.