

CONTINUING EDUCATION INSTRUCTOR QUALIFICATION FORM

CE-02, REVISED 3/17/05

Request for Instructor Approval Must Be Typed or Printed Legibly.

Name of Instructor or Speaker: _____ **Day Time Phone #** _____

For

Name of the Sponsoring Entity/Course Provider Course Provider Number

Name of the Authorized Representative of the Sponsoring Entity/Course Provider Phone Number

Course Title: _____

If the course has already been approved for the above Sponsoring Entity and an instructor is just being added, please reference the Colorado Course Number here: _____

Instructors or speakers MUST meet one (1) of these minimum standards: **Circle the number(s) that apply.**

1. A college degree from an accredited institution of higher learning with a *major in insurance*.
2. A professional designation of CLU or CPCU or similar designation from an industry association.
3. Three or more years practical experience in the subject matter being taught or monitored.

Related Educational Background of the Instructor or Speaker

School	Dates Attended	Degree/Designation
_____	_____	_____
_____	_____	_____

Related Employment Background

Name of Employer	Position	How long?
_____	_____	_____
_____	_____	_____

Jennifer Accvedo

Signature of the Authorized Representative of Sponsoring Entity/Course Provider Date

07/2012

