

Connecticut Insurance Department
Continuing Education Program
Instructor Registration

SPONSOR INFORMATION

Sponsor Name CEU Institute	Sponsor Number 20085	
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. Further, the individual named as an instructor has been approved by this sponsor in accordance with applicable rules and regulations as defined by Regulations of CT State Agencies Section 38a-782a-6.		
Jennifer Acevedo _____	_____ Signature	_____ Date
Print/Type Name of Sponsor Representative		
Senior Accreditation Specialist _____		
Title		

INSTRUCTOR INFORMATION

Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
By what other names have you been known? If none, so state.			Social Security Number ____
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 Connecticut CE Administrative Regulations:			
<input type="radio"/> A minimum of three years working experience in the subject matter being taught <input type="radio"/> Two teaching experiences certified by the sponsor <input type="radio"/> A professional designation from a recognized industry organization or association <input type="radio"/> A degree or certificate from an accredited school in the subject matter being taught <input type="radio"/> 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 CT State Agencies Section 38a-782a-6, 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 Connecticut statutes, regulations, and program requirements regarding insurance and insurance continuing education.			
_____	_____	_____	
Print/Type Name of Instructor	Signature	Date	