District of Columbia Department of Insurance and Securities Banking Continuing Education

INSTRUCTOR CERTIFICATION

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SECTION 1 – COURSE ASSIGNMENT FOR INSTRUCTOR		
Provider Name Provider ID Number		
Course Name Pearson VUE Course Identification Number (if course is previously approved)		
To list additional courses this instructor will teach, use back of form.		
SECTION 2 – INSTRUCTOR INFORMATION		
Proposed Instructor for the above-named course		
First Name MI Last Name Suffix		
Certify for: L&H P&C Both		
Instructor Social Security Number Pearson VUE Instructor Identification # (if previously approved)		
SECTION 3 – CERTIFICATIONS		
The provider's authorized representative signing below certifies that the above-named instructor is experienced and qualified to teach the above-named course, and satisfies at least one of the following (DCMR 106.3b) from a through d (e is mandatory):		
Check all that apply		
a. The instructor has been engaged in the insurance business, or has served as an insurance education instructor, for at least		
three (3) years. [106.3 (1)]		
b. The instructor has been licensed as an insurance agent or insurance broker for the past five (5) years and has sufficient knowledge of the subject matter he/she will be teaching. [106.3 (2)]		
c. The instructor is a member of the bar of any state or the District of Columbia, and is engaged in an area of the law related to		
insurance. [106.3 (3)]		
d. The instructor is a certified public accountant licensed in any state or the District of Columbia, and is engaged in a practice related to insurance. [106.3 (4)]		
e. The instructor is knowledgeable and competent, and has not had his/her District insurance license revoked. [106.9]		
Authorized Describer Description		
First Name MI Last Name Suffix		
l, the undersigned, do hereby certify that this instructor meets all state requirements:		
Authorized Provider Representative Signature Month Day Year		
I, the undersigned, do hereby certify that the information provided on this form is, to the best of my knowledge, true and correct:		
Instructor Signature Month Day Year		
INSTRUCTIONS TO PROVIDERS		
Complete at least one Instructor Certification form for each course, and multiple forms for any course that is being conducted by multiple		
instructors. This form may only be submitted in conjunction with a Course Approval Application [Stock# 6009-11] or as an update or revision to a previously-approved course. (Please see General Instructions for Approval Forms [Stock# 6009-09] before submitting this form)		
Send additions or changes for approved courses only (along with a company check		

Send additions or changes for approved courses only, (along with a company check or money order for \$50, payable to "Pearson VUE" for NEW instructors) to:

Pearson VUE Attn: DCCE Approval 8201 Corporate Drive Suite 400 Landover, MD 20785

SECTION 1 – COURSE ASSIGNMENT FOR INSTRUCTOR (C	CONT'D)
Provider Name	Provider ID Number
Course Name	Pearson VUE Course Identification Number (<i>if course is approved</i>)
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	Number (if course is approved)
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*For additional courses use additional forms.