

**Kentucky Department of Insurance
Continuing Education/Pre-Licensing Program
Instructor Approval Application**

✓ **Continuing Education Instructor**

0 Pre-Licensing Instructor

PROVIDER INFORMATION

Provider Name: CEU Institute	Provider Number: S15322	
<p>I attest 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 Provider</p>		
<u>Jennifer Acevedo</u> Print/Type Name of Provider Representative Senior Accreditation Specialist	_____ Signature	_____ Date

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.		SSN.	
Home Street Address			
City	State	ZIP	
Business Phone () ext.			
List professional designations, insurance license (type, date, state):			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
<p>I attest that the information on this form is true and correct to the best of my knowledge 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 Kentucky statutes, regulations, and program requirements regarding insurance and insurance continuing education and pre-licensing education.</p>			
Print/Type Name of Instructor	Signature	Date	

CE/PL-200 (06/2009)

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Return this original completed form with any attachments to:
Prometric, 1260 Energy Lane, St. Paul, MN 55108

Send instructor filing fees (\$5.00 pre-licensing, \$5.00 continuing education)
and form KYF-01 to: Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517