

Instructor Application Information

State: Maryland

Provider Information

Provider Name EIN
CEU Institute 56-2306083

Instructor Information

Last Name *

First Name *

Middle Name

Suffix

Birth Date MM-DD-YYYY *

Alias

Last Name

First Name

Middle Name

Suffix

Contact Information

At least one type of phone number must be entered.

Email Address *

Resident Phone

Business Phone Ext

Fax Number Ext

Mailing Address

Line One *

Line Two

City *

State *

Zip Code *

Additional Requested Details

Course Categories *

Course Category No Categories Selected

Question 1

What is the highest level of education completed? * (Circle one)

- Some High School
- High School or equivalent
- Vocational
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Question 2

Does the applicant have any professional credentials? * (Circle one)

- Yes
- No

Question 3

Does the applicant hold an insurance or securities license in MD or another state? * (Circle one)

- Yes
- No

Question 4

Does the applicant possess one or more of the following qualifications? (Circle One)

A minimum of 2 years experience in the subject matter being taught;

A degree in the subject matter being taught; or

A minimum of 2 years recent experience as a licensed insurance producer and a minimum of 6 months practical experience in the subject matter being taught. *

- Yes
- No

Question 5

Is the applicant a licensed insurance producer who has been fined, or had a license suspended or previously revoked? * (Circle one)

- Yes
- No

Please read and agree to the following attestation:

Instructor Application Attestation

Please read the following and select the agree box to continue

Attestation for the State of Maryland.

I certify that the information entered on this instructor application and all supporting documentation accurately represents my qualifications to teach insurance courses. I attest to my understanding and intent to comply with Chapter 31.03.02.12 of the Code of Maryland Regulations. I further agree to strictly comply with all applicable Maryland laws, regulations and rules related to continuing education.

I Agree *

Name: _____