

Oklahoma Insurance Department
Five Corporate Plaza
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112-4511
(405) 521-3916 Fax (405) 522-3642

**CONTINUING EDUCATION or PRE-LICENSING EDUCATION INSTRUCTOR
QUALIFICATION FORM**

This form must be completed and submitted for all new instructors **14 days** prior to course date.

- For confirmation, a copy of this form and a self-addressed, stamped envelope must be enclosed.**

INSTRUCTOR INFORMATION

Instructor Name:	Sponsoring Entity: CEU Institute
Instructor Address:	Provider Number: 195
City, State, Zip:	Instructor Signature and Date:

Resume indicating related education and employment must be attached with this form.

An Instructor shall have one of the following qualifications as documented by the application:

- Three (3) years recent experience
- A degree related to the subject
- Two (2) years recent experience and 12 hours of college and/or vocational-technical school credit hours.

I certify that the information contained in this application is correct.

Coordinator Signature: Jennifer Acovedo Date: _____