

Pennsylvania Insurance Department
 Continuing Education and Pre-licensing Program
 Instructor Approval

Provider Information

Provider Name <u>CEU Institute</u>	Provider Number <u>56429</u>
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.	
<u>Jennifer Acevedo</u> Print/Type of Provider Representative	_____ Signature
<u>Senior Accreditation Specialist</u> Title	_____ Date

Instructor Information

Instructor Last Name	First Name	Middle Name	Instructor Number (leave blank)
By what other names have you been known? In none, so state.		Social Security Number (required)	
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 Pennsylvania CE Administrative Regulations: <input type="checkbox"/> A minimum of three years' working experience in the subject matter being taught <input type="checkbox"/> A professional designation from a recognized industry organization or association <input type="checkbox"/> A degree of certificate from an accredited school in the subject matter being taught <input type="checkbox"/> 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 one or more qualifications, and the information accurately represents my qualifications to teach insurance courses. I certify that my license(s) to sell insurance are not suspended or revoked and I have not committed any criminal violation that would preclude my licensure as an Insurance Producer. I also agree to abide by all statutes, regulations and guidelines set forth by the Pennsylvania Insurance Department.			
_____	_____	_____	
Print/Type Name of Instructor	Signature	Date	
List the course number and course title you are requesting verification of qualification for the instructor to teach			
Course Number	Course Title	Course Number	Course Title
Course Number	Course Title	Course Number	Course Title
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Course Number	Course Title	Course Number	Course Title

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