

INSTRUCTOR APPROVAL APPLICATION

Complete and return to: **Pearson VUE/VACE, ATTN: Virginia Ins CE Approval**
62398 Collections Center Drive, Chicago, IL 60693-0623

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

\$25 non-refundable fee. \$50 for Expedited Service (within three business days). The \$50 fee is in addition to the \$25 fee.
Make check payable to Pearson VUE/VA CE.

Last Name			
First Name		Middle Name or Initial	Instructor Number
By what other names have you been known? (List below and include an explanation)			VA Insurance License Number or NPN
Home street address (not only a PO. box number; must include a street address)			
City		State	Zip code
Business phone number () -	Residence phone number () -	Fax number () -	Date of Birth / /
Provider Name CEU Institute			
Contact Person Jennifer Acevedo			
Email Address accreditation@CEUinstitute.net			
Provider Address 144 W Crystal Lake Ave, Suite 1010 Lake Mary, FL 32746			
Provider Number 125414			
Course Categories Requested:			
<input type="checkbox"/> Ethics	<input type="checkbox"/> Mitigation	<input type="checkbox"/> Property and Casualty	<input type="checkbox"/> Title
<input type="checkbox"/> Other General Insurance	<input type="checkbox"/> Law and Regulations	<input type="checkbox"/> Life and Health	
<input type="checkbox"/> Expedited instructor review (within three business days) If marked add \$50 to the fee listed above.			
Academic credentials:			
<input type="checkbox"/> BA/BS in _____ from _____ graduated in _____ (major) (institution)			
<input type="checkbox"/> MA/MS in _____ from _____ graduated in _____ (major) (institution)			
<input type="checkbox"/> Ed.D./Ph.D. in _____ from _____ graduated in _____ (major) (institution)			
<input type="checkbox"/> J.D. in _____ from _____ graduated in _____ (major) (institution)			
<input type="checkbox"/> Other (specify) in _____ from _____ graduated in _____ (major) (institution)			
My professional credentials:		Insurance and securities licenses you hold and in which states:	
<input type="checkbox"/> AAI	<input type="checkbox"/> CEBS	<input type="checkbox"/> CIC	<input type="checkbox"/> CPCU
<input type="checkbox"/> AIC	<input type="checkbox"/> CFP	<input type="checkbox"/> CISR	<input type="checkbox"/> FLMI
<input type="checkbox"/> ARM	<input type="checkbox"/> ChFC	<input type="checkbox"/> CLTC	<input type="checkbox"/> LUTCF
<input type="checkbox"/> AU	<input type="checkbox"/> ACSR	<input type="checkbox"/> CLU	<input type="checkbox"/> RHU
<input type="checkbox"/> Other _____			
		VA	Other States
		<input type="checkbox"/> Life/Health	_____
		<input type="checkbox"/> Health	_____
		<input type="checkbox"/> Property/Casualty	_____
		<input type="checkbox"/> Title	_____
		<input type="checkbox"/> Securities	_____
		<input type="checkbox"/> Other	_____
Attach your résumé to this application. Your résumé or biographical summary must list your job experience and your teaching experience by line of license or type of product.			
I certify that the information on this form and on all supporting documentation accurately represents my qualifications to teach insurance courses. I further agree to strictly comply with all applicable Virginia laws, Virginia State Corporation Commission regulations, and Virginia Insurance Continuing Education Board Program Requirements.			
Printed/typed name			
Signature			Date