



NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
LICENSING SERVICES BUREAU
 Continuing Education Program
 One Commerce Plaza
 Albany, New York 12257

FOR DEPARTMENT USE ONLY

Approval No.: _____
 Examined By: _____
 Date: _____

INSTRUCTOR APPROVAL APPLICATION

1.

Instructor Name: Last	First	M.I.	Date of Birth	Gender	Social Security No. *
				M <input type="checkbox"/> F <input type="checkbox"/>	
Business Address Number and Street (Required)					P.O. Box (if any)
City, Town or Village			County (NY Only)	State	Zip Code
Residence Number and Street (Required)					P.O. Box (if any)
City, Town or Village			County (NY Only)	State	Zip Code
Telephone Numbers:			Email Address:		
Business: () _____			Business: _____		
Home: () _____			Personal: _____		
Fax: () _____					

*See Privacy Notification on Page 6.

2. Qualification to act as a Continuing Education Instructor (Check one and provide documentation):

- A. Licensed teacher in the subject to be taught (Documentation: Copy of license);
- B. Employment for three (3) out of the last five (5) years involving the subject to be taught [Documentation: Complete Statement of Employer (required)];
- C. Licensed by a U.S. Insurance Department for at least five (5) years in the class(es) of license and line(s) to be taught (Documentation: Copy of license(s) or Letter of Certification from the home state Insurance Department verifying license(s);
- D. College Degree or Professional Designation in the field to be taught; and/or
- E. Instructor already approved by the Department to teach this subject matter (Documentation: Copy of Instructor Approval Document).

3. Are you under obligation to pay child support?

Yes or No

If “Yes,”

(a) Are you current or less than 4 months in arrears?

Yes or No

(b) Are you paying by income execution plan agreed to by courts or parties?

Yes or No

(c) Is the obligation the subject of pending court proceeding?

Yes or No

(d) Are you receiving public assistance or supplemental income?

Yes or No

If answer to the question regarding obligation to pay child support is “Yes”, one of the answers to (a)-(d) must be “Yes” or approval will expire 6 months from its effective date unless you notify the Department by that time which answer has changed to “Yes”.

4. If any of the following questions are answered “YES,” an explanation must be attached

a Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

Yes or No

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

b Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?

Yes or No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

“Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.

“Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company.

c Has any demand been made or judgment rendered against you, or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

Yes or No

d Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s): _____

Yes or No

e Are you currently a party to, or have you ever been found liable in any lawsuit, arbitration, or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes or No

f Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes or No

5. **Are you acting as a Continuing Education Instructor for any other provider organization?**

Yes No

If "YES," list Provider Organization Name(s), Provider Organization Approval Number(s), Course Title(s) and Course Approval Number(s):

Name of Provider	Provider Organization	Course Title	Course Approval
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must notify Provider Organization(s) immediately of any changes in information on this application.

I have read the Department's Continuing Education criteria, which is available on the Department's website at www.dfs.ny.gov, and will comply.

Under the penalties of perjury I affirm that the information given in the foregoing application is true and hereby subscribe thereto.

Signature of Proposed Instructor	Date

STOP: The remainder of this application must be completed by the Provider Organization.

6. List the approved Continuing Education Course Title(s) or Insurance subject area(s) which this Instructor, if approved, shall teach(if necessary, attach list):

Course Title	Course Approval Number
_____	_____
_____	_____
_____	_____

Insurance Subject Area:

Life Accident & Health Life/Accident & Health Personal Lines Property & Casualty

7. List Affiliate(s) by name (as filed with Department) for which this instructor, if approved, may teach:

_____	_____
_____	_____
_____	_____

The Provider Organization must notify the Department immediately of any changes in the information on this application.

A non-refundable application fee of \$50.00 must accompany this application. **Make the check payable to the Superintendent of Financial Services.**

I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.

<u>CEU Institute</u> Provider Organization Name	<u>NYPO - 100415</u> Provider Organization Approval No.
<u>Signature of Provider Organization Designated Person</u>	<u>Date</u>
<u>Print or Type Above Name</u>	<u>407-324-0500</u> Telephone Number
<u>accreditation@ceuinstitute.net</u> Email Address	<u>407-302-2185</u> Facsimile Telephone Number

A person may NOT act as an Instructor for this Provider Organization until an Instructor Approval Document has been issued by the Department .

*** * * CHILD SUPPORT NOTIFICATION * * ***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

*** * * PRIVACY NOTIFICATION * * ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.



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STATEMENT OF EMPLOYER

THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY IF Question 2B ON THE INSTRUCTOR APPLICATION IS CHECKED.

Form with fields for Employer Name, Tax ID, Telephone, Business Address, and Employee Information.

In what line(s) of business was/is the applicant employed, which constitutes qualifying duties relating to the subject to be taught.

Life Accident & Health Property & Casualty Other:

List the qualifying duties of employee and the hours per day devoted to each duty:

Table with columns for Specific Duties and Hours per Day Devoted to each Duty.

Dates of employment with above duties: From: Month/Day/Year To: Month/Day/Year

If employment is less than 3 years with current employer, attach RESUME or BIO STATEMENT

Was/is employment full time? YES or NO

During said period, was payment made for unemployment insurance tax? YES or NO

If answer is "NO," provide explanation:

Under the penalties of perjury I affirm that I have completed this statement and the information contained herein is true.

[Redacted Signature Line]

Signature of Employer

Date

Print Above Name

Title

Note: If the employer is a corporation this form must be signed by an officer or director other than applicant.

If the employer is a limited liability company this form must be signed by a member other than the applicant.

If the employer is a partnership this form must be signed by a member of the partnership other than the applicant.

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