

1. Speaker Inform	ation				
Company Name:					
First Name:		Last N	ame:	MI	
Mailing Address:					
City:		State:	Zip:		
Phone:		Email Address:			
DOB (required by sev	veral states)				
	/ Month	Day	Year		
*SSN	-	-			
*	Florida DFS, and CA DOI <u>requ</u>	uire the SSN and will rei	ect the application without	÷ it.	
	e protects your information. I				
	r SSN, Florida allows preser				
	ublic/pb_instr_app1.aspx. In number, please provide the		applied or nave used this i	ink to apply for a	
Florida DFS Registration Number:					
2. Qualifications a	and Work History				
	•				
	Attach a	Resume to this applica	ation.		
3. Education and	Training				
Possess a bach	nelor's degree or higher in th	e subject matter being	taught		
Possess a Risk	Management Insurance De	gree			
School or 7	Training Facility	Dates Attended	Degree or Professional	Designation Obtained	



4. Work Experience – Ch	neck all that apply		
	within the last five (5) years of appropriate insurance license		subject matter, which experience tht.
At least 10 years working	ng experience in the subject n	natter in the last 20 years.	
Describe Your Experience:			
E Dueforeienel Incomen	a Designations Char	ومنادوه والموجود الموجود الموادات	dianta data agus ad
5. Professional Insurance	ce Designations – Chec	ck all that apply and inc	dicate date earned
LUTC		CPCU	
CLU AAI		CIC Other	
7011		Outer	
6 Incurance Licenses	List the type of license h	and If none leave bla	ank
6. Insurance Licenses –	List the type of license h	neld. If none, leave bla	nk.
6. Insurance Licenses – License Type	List the type of license h	neld. If none, leave bla	License Type
License Type	License Type	License Type	License Type
License Type 7. Other Licenses/Certif	License Type ications — List recognized p	License Type	License Type the subject matter being taught.
License Type	License Type ications — List recognized p	License Type	License Type
License Type 7. Other Licenses/Certif	License Type ications — List recognized p	License Type	License Type the subject matter being taught.
License Type 7. Other Licenses/Certif	License Type ications — List recognized p	License Type	License Type the subject matter being taught.
License Type 7. Other Licenses/Certif	License Type ications — List recognized p	License Type	License Type the subject matter being taught.
7. Other Licenses/Certif	ications — List recognized	License Type professional credentials in certification	License Type the subject matter being taught.
License Type 7. Other Licenses/Certif	License Type ications — List recognized present the control of th	License Type professional credentials in certification clicensing or continuing	License Type the subject matter being taught.



If you answer "Yes" to either of the below two questions, attach a detailed statement, signed by you, listing the events

8. Verification

which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action. a. Have you been the subject of administrative agency disciplinary action? Yes No For this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order. b. Have you ever been convicted of a crime? Yes No "Crime" includes a felony or misdemeanor and military 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 contendre, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses. Applicant Printed Name Date

Required Attachments:

Applicant Signature

Resume

Return this form and attachments to

CEU Institute Accreditation Department 144 W. Crystal Lake Ave. Suite 1010 Lake Mary, FL. 32746 accreditation@ceuinstitute.net

Fax: 407.302.2185