



**ARKANSAS**  
Insurance Department

1 Commerce Way  
Little Rock, AR 72202  
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## Pre-Licensing Instructor Application Checklist

- Complete the Application for Instructor Approval.
- Include:
- Resume (Bio's will not be accepted.)
- Summary of at least 3 years of insurance-related experience
- Summary of insurance education (courses, designations)
- List of current licenses (state, type, number)
- Answer disciplinary history question and attach documentation if applicable.

## Application for Instructor Approval

### Provider Information

Provider Name:	CEU Institute
Provider #:	11621
Contact Person/Email:	Michael Benner <a href="mailto:speakers@ceuinstitute.net">speakers@ceuinstitute.net</a>
Provider Contact Address1:	144 West Crystal Lake Ave
Suite. Unit, Floor, etc.	Suite 1010
City, State, Zip:	Lake Mary, FL 32746
Provider Phone #:	407-324-0500

### Instructor Information

Applicant Name:	
Applicant's Contact Address1:	
Suite. Unit, Floor, etc.	
City, State, Zip:	
Applicant's Phone #:	
Applicant's e-mail address:	

## Qualifications of Instructor

Summarize all prior insurance experience which totals 3 or more years. (Attach additional sheets if necessary). If you do not have insurance experience enter N/A:	
Please summarize insurance education, including but not limited to college or university insurance course hours. Include any professional designations or number of hours obtained toward professional designation:	
List all current resident and non-resident insurance licenses you currently hold. List the State of issue, License Type and License#:	
Have you ever been involved in an administrative proceeding regarding any professional license? Yes No If yes attach full detailed statement and copies of official documents:	
What type courses of instruction do you propose to serve as instructor?	

## Instructor Attestation/Certification

### Instructor Attestation Regarding Disciplinary History

No person will be approved as an instructor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state. Or another similar regulatory body or court. The Commissioner shall have the authority to waive the requirement for good cause shown in a written request. Please answer n/a if this does not apply to you.

I attest that I have not been the subject of disciplinary action by the Arkansas Insurance Department, the insurance department of another state, or any other regulatory or judicial authority. I understand that the Commissioner may waive this requirement for good cause shown in a written request, and I agree to provide such documentation if applicable.

I hereby certify that, under penalty of perjury, all the information submitted in this application and attachments is true and complete.

Signature:	Date
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## Department Use Only

Approved by:	
Date:	
Disapproved by:	
Date:	