



CONTINUING EDUCATION INSTRUCTOR APPLICATION

PROVIDER INFORMATION

Provider Name CEU Institute	Provider Number S15322	
<p>I attest 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. Further, the individual named as an instructor has been approved by this Provider.</p>		
Print/Type Name of Provider Representative	Signature	Date
Accreditation Specialist	(407) 324-0500	speakers@ceuinstitute.net
Title	Provider Phone#	Provider Email:

INSTRUCTOR CONTACT INFORMATION

Instructors Last Name	First Name	Middle Initial	Date of Birth
Mailing Address Line 1		Mailing Address line 2 (Apt, Unit, Bldg, etc.)	
City	State	Zip Code	Phone Number
Instructor Number	Email Address		

INSTRUCTOR REQUIREMENTS: PROVIDER CERTIFIES THE PROPOSED INSTRUCTOR FULFILLS ALL STATE REQUIREMENTS

An approved provider shall assure that each course approved to satisfy the requirements of Chapter 18 of Title 20, Arizona Revised Statutes, shall be taught or presented by an instructor who meets one of the following qualifications:

- Three years experienced within the last five years in the course subject matter, which experience may include holding an insurance license for the subject being taught, or
- Possession of a college degree in the subject matter being taught, or
- A recognized professional designation related to the subject matter to be taught

PROFESSIONAL DESIGNATION(S): Check all insurance-related professional designations that the instructor holds. The full meanings of the acronyms listed on the form are given below. If the instructor lists a designation not on the list, please provide acronym, the full title, and the granting institution.

- AAI Accredited Advisor in Insurance
- AFSB Associate in Fidelity and Surety Bonding
- ARM Associate in Risk Management
- AU Associate in Underwriting
- CEBS Certified Employee Benefits Specialist
- CFP Certified Financial Planner
- ChFC Chartered Financial Consultant

- CIC Certified Insurance Counselor
- CISR Certified Insurance Service Representative
- CLU Chartered Life Underwater
- FLMI Fellow, Life Management Institute
- LUTCF Fellow, Life Underwater Training Council
- RHU Registered Health Underwater
- CPCU Chartered Property & Casualty Underwriter

DISCIPLINARY HISTORY: Answer the following questions

Have you ever been convicted of a felony involving moral turpitude? Yes No

Have you had any insurance, financial-services, or educational license suspended or revoked? Yes No

Have you been convicted of a misdemeanor involving fraud or dishonesty? Yes No

If YES to any, provide written explanation and court documents showing charges and final disposition.

INSTRUCTOR ACKNOWLEDGEMENT

I attest that the information on this form is true and correct to the best of my knowledge and the information accurately represents my qualifications to teach insurance courses. I understand the information on this form is subject to verification through the audit process. I agree to abide by applicable Arizona laws, regulations, and program requirements regarding insurance and insurance continuing education.

Print/Type Name of Instructor

Signature

Date

REQUIRED DOCUMENTS: Submit application, instructor resume, and any additional supporting documents online at SBS's Web site: Website: <https://www.statebasedsystems.com>

Providers must give instructors a copy of the program requirements for Arizona CE contained in this packet.