



# CONTINUING EDUCATION INSTRUCTOR APPLICATION

## PROVIDER INFORMATION

<b>Provider Name</b> CEU Institute	<b>Provider Number</b> 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>		
<b>Print/Type Name of Provider Representative</b>	<b>Signature</b>	<b>Date</b>
Accreditation Specialist	( 407 ) 324-0500	speakers@ceuinstitute.net
<b>Title</b>	<b>Provider Phone#</b>	<b>Provider Email:</b>

## INSTRUCTOR CONTACT INFORMATION

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

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

<p>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:</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Possession of a college degree in the subject matter being taught, or</p> <p><input type="checkbox"/> A recognized professional designation related to the subject matter to be taught</p>	
<p><b>PROFESSIONAL DESIGNATION(S):</b> 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.</p>	
<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> AAI Accredited Advisor in Insurance</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> AFSB Associate in Fidelity and Surety Bonding</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ARM Associate in Risk Management</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> AU Associate in Underwriting</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CEBS Certified Employee Benefits Specialist</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CFP Certified Financial Planner</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ChFC Chartered Financial Consultant</div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CIC Certified Insurance Counselor</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CISR Certified Insurance Service Representative</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CLU Chartered Life Underwater</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> FLMI Fellow, Life Management Institute</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> LUTCF Fellow, Life Underwater Training Council</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> RHU Registered Health Underwater</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> CPCU Chartered Property &amp; Casualty Underwriter</div>

**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.