

**Kentucky Department of Insurance  
Continuing Education/Pre-Licensing Program  
Instructor Application**

**Continuing Education Instructor**

**Pre-Licensing Instructor**

**Provider Information**

Provider Name	Provider Number	
<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	
( )		
Title	Provider Phone #	Provider Email

*Ashley Smith*

Date

**Instructor Contact Information**

Instructor Last Name	First Name	Middle Initial	Instructor Number (Leave Blank)
Mailing Address Line 1		Mailing Address Line 2 (Apt, Unit, Bldg. etc.)	
City	State	Zip Code	Phone Number ( ) Ext.
Email Address			

**Instructor Requirements**

Have you ever been licensed under a different name in a different state? If so, please enter information below.

Last, First Name	Instructor # (if applicable)	NPN (if applicable)	State															
<p><b>Minimum requirements</b> Instructor must meet the minimum requirements. Please check all that apply:</p> <p><input type="checkbox"/> At least three years' working experience in the subject matter being taught.  <input type="checkbox"/> Related degree or designation in the subject matter of course being offered.  <input type="checkbox"/> Combination of both related to subject matter of course being offered.</p>																		
<p><b>Course Concentration</b> Please indicate the category you are requesting approval. check all that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Annuity Suitability (Requires 4hrs. min.)</td> <td style="width: 33%;"><input type="checkbox"/> Ethics</td> <td style="width: 33%;"><input type="checkbox"/> Life Settlement</td> </tr> <tr> <td><input type="checkbox"/> Annuities &amp; Securities</td> <td><input type="checkbox"/> Flood (Requires 3hrs. min.)</td> <td><input type="checkbox"/> Personal Lines</td> </tr> <tr> <td><input type="checkbox"/> Accident/Health</td> <td><input type="checkbox"/> General (All lines L, A&amp;H, P&amp;C)</td> <td><input type="checkbox"/> Property</td> </tr> <tr> <td><input type="checkbox"/> Casualty</td> <td><input type="checkbox"/> LTC-Partnership (Requires 3hrs. min.)</td> <td><input type="checkbox"/> Professional Assoc.</td> </tr> <tr> <td><input type="checkbox"/> Claims</td> <td><input type="checkbox"/> Life</td> <td><input type="checkbox"/> Variable Life/Annuity</td> </tr> </table>				<input type="checkbox"/> Annuity Suitability (Requires 4hrs. min.)	<input type="checkbox"/> Ethics	<input type="checkbox"/> Life Settlement	<input type="checkbox"/> Annuities & Securities	<input type="checkbox"/> Flood (Requires 3hrs. min.)	<input type="checkbox"/> Personal Lines	<input type="checkbox"/> Accident/Health	<input type="checkbox"/> General (All lines L, A&H, P&C)	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> LTC-Partnership (Requires 3hrs. min.)	<input type="checkbox"/> Professional Assoc.	<input type="checkbox"/> Claims	<input type="checkbox"/> Life	<input type="checkbox"/> Variable Life/Annuity
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### 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 all Kentucky statutes, regulations, and program requirements regarding insurance and insurance continuing education and pre-licensing education.

Print/Type Name of Instructor

Signature

Date

#### Office use only

Date Received: \_\_\_\_\_ Completed Date: \_\_\_\_\_ NPN #(if applicable): \_\_\_\_\_

Different Name? Y/N: \_\_\_\_\_ If yes, Full Name: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Notification Date: \_\_\_\_\_ Denial Reason (if applicable): \_\_\_\_\_

### Application Checklist for Instructor Application

**\*\*ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE\*\***

**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO RESUBMIT A COMPLETE PACKET.**

### Required Documents

- ❖ Instructor application Form CE.PL-200
- ❖ Resume or Biography