

**Pennsylvania Insurance Department  
Continuing Education and Pre-licensing Program  
Instructor Approval**

**Provider Information**

Provider Name <b>CEU Institute</b>	Provider Number <b>56429</b>
I certify 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.	
<u>Ashley Smith</u> Print/Type of Provider Representative	<u>Ashley Smith</u> Signature
<u>Accreditation Specialist</u> Title	

**Instructor Information**

Instructor Last Name	First Name	Middle Name	Instructor Number (leave blank)
By what other names have you been known? In none, so state.		Social Security Number (required)	
Home Street Address			
City	State	Zip Code	
Business Phone		Residence Phone	

Please indicate which two items qualify you as an instructor under the rules listed in the Pennsylvania CE Administrative Regulations:

A minimum of three years' working experience in the subject matter being taught  
 A professional designation from a recognized industry organization or association  
 A degree or certificate from an accredited school in the subject matter being taught  
 Specialized knowledge in the subject matter being taught

List professional designations:

I have specialized experience in the following subject matter:

Subject Matter <u>Please see Resume</u>	Years Experience	Designated Degree
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I certify that the information on this form is true and correct to the best of my knowledge, that I satisfy one or more qualifications, and the information accurately represents my qualifications to teach insurance courses. I certify that my license(s) to sell insurance are not suspended or revoked and I have not committed any criminal violation that would preclude my licensure as an Insurance Producer. I also agree to abide by all statutes, regulations and guidelines set forth by the Pennsylvania Insurance Department.

Print/Type Name of Instructor	Signature	Date	
List the course number and course title you are requesting verification of qualification for the instructor to teach			
Course Number	Course Title	Course Number	Course Title
Course Number	Course Title	Course Number	Course Title
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