

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

Provider Information

Provider Name CEU Institute	Provider Number 56429
<p>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.</p>	
<u>Ashley Smith</u> Print/Type of Provider Representative	<u>Ashley Smith</u> Signature
<u>Accreditation Specialist</u> Title	_____ Date

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: <input type="checkbox"/> A minimum of three years' working experience in the subject matter being taught <input type="checkbox"/> A professional designation from a recognized industry organization or association <input type="checkbox"/> A degree or certificate from an accredited school in the subject matter being taught <input type="checkbox"/> Specialized knowledge in the subject matter being taught									
List professional designations:									
I have specialized experience in the following subject matter: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Subject Matter</td> <td style="text-align: center; width: 33%;">Years Experience</td> <td style="text-align: center; width: 34%;">Designated Degree</td> </tr> <tr> <td style="text-align: center;"><u>Please see Resume</u></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>				Subject Matter	Years Experience	Designated Degree	<u>Please see Resume</u>	_____	_____
Subject Matter	Years Experience	Designated Degree							
<u>Please see Resume</u>	_____	_____							
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						
Course Number	Course Title	Course Number	Course Title						
Course Number	Course Title	Course Number	Course Title						

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