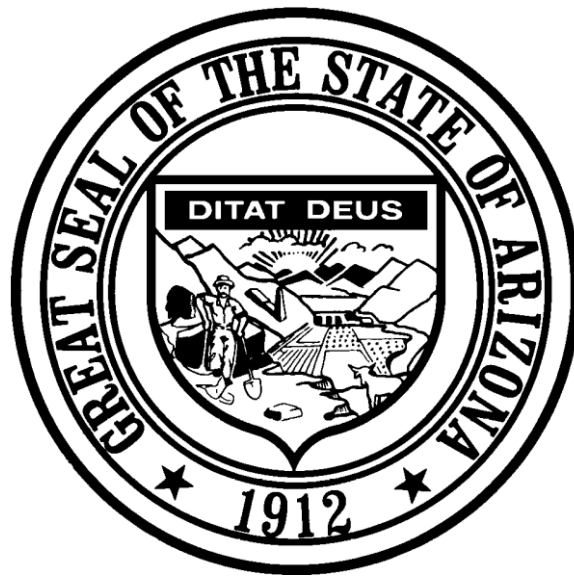


Arizona Department
of Insurance and Financial
Institutions

Division of Insurance

Continuing Education Program
Provider Information Packet



PROMETRIC



Administrative Services Provided by Prometric

January 2024

Arizona Division of Insurance Continuing Education Program Provider Information Packet

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**Arizona Department of Insurance and Financial Institutions
Division of Insurance
Continuing Education Program**

Introduction

The State of Arizona has contracted with Prometric to perform CE provider and CE course review services on behalf of the Arizona Division of Insurance (Division). In addition, Prometric also registers instructors. Prometric handles all transactions and inquiries for approved CE providers and courses, e.g. course revisions, changes to CE provider information, etc. **The Division handles all transactions relating to licensee name and address changes, licensee CE credit reporting, and license renewals.**

Prometric administers this continuing education (CE) program in partnership with the Arizona Division of Insurance. Prometric uses internet services through SBS, at [SBS](#).

Provider applications/renewals, course applications/renewals, instructor applications and rosters are directly uploaded into the SBS system for Prometric to review. Providers, courses, and instructors must be reviewed and approved by Prometric. Courses must be submitted to Prometric at least 30 days before being presented for the first time. Providers will be approved for a five-year period and must be renewed for each succeeding five-year period. Courses will be approved for a two-year period beginning on the date of approval and must be renewed for each succeeding two-year period. A provider who is using individual instructors must register the instructors. Prometric will send provider and course renewal notices 60-90 days before they expire. Instructor registrations are not subject to renewal.

Schedules for all CE course offerings must be entered at [SBS](#) at least 15 days in advance of the each course administration, and each provider is required to transmit course completion rosters (which contain information identifying who completed each course), within 15 calendar days after the end of each course administration. Changes and cancellations must be sent to Prometric or entered on [SBS](#) as soon as known and, in all instances, before the scheduled date. Providers must make their roster submissions for CE to [SBS](#) within 15 calendar days of the course completions. Providers will receive a confirmation of all rosters submitted.

Arizona participates in the NAIC CE Reciprocity Agreement. If you are a provider domiciled in a participating state, you may submit course approval applications based on this reciprocity. See the instructions on Page 14.

Prometric categorizes credits within courses into General Insurance and Law, Ethics, Flood, Long Term Care and Crop categories.

Fees:

Provider approval	\$250
Provider renewal	\$250
Course approval	\$60
Course renewal	\$60
Haste approval	\$55
Roster submission	\$1 per credit

All CE fees are invoiced by SBS and are nonrefundable.

For detailed information, contact:

Prometric

Phone: 800.899.4184

E-mail: CESupportTeam@prometric.com

Website: www.prometric.com

- CE Provider and course applications
- CE instructor registrations
- Full list of approved courses and providers (call and request faxback)
- Customized list of approved courses and providers (via the SBS website)
- Changes to provider information
- Revisions to courses
- Course schedule and licensee credit reporting

Licensee Compliance

In order to be eligible to renew a license, an Arizona resident major line insurance producer must complete 48 hours of Arizona-approved insurance continuing education during the license term, which must include at least six hours of ethics training UNLESS you are exempt from the insurance continuing education requirement.

You are exempt from Arizona's insurance continuing education requirement if ALL THE FOLLOWING APPLY and continue to apply:

- You have been “continually licensed” in Arizona as an insurance agent, broker or producer since January 1, 1995; and,
 - You have not held a nonresident insurance producer license in another state at any time since January 1, 1995; and,
 - You have never been the subject of an order of the director of insurance for a violation of Arizona insurance laws (ARS Title 20) that resulted in your license being suspended, revoked, denied or not renewed; or, that required you to cease and desist from unlawful activity; or, that required you to pay restitution or a civil penalty.
-
- A nonresident insurance producer only needs to fulfill Arizona’s continuing education requirements if the nonresident’s resident state imposes its continuing education requirements upon our resident licensees. As of the date of this publication, nonresidents are not required to complete Arizona continuing education because no other states impose continuing education requirements on Arizona residents.
 - Excess credits do not carry over from one license period to the next.
 - Credits may only be applied to one license period.
 - A person may only earn credits for a particular course once during a license period (a licensee may not earn duplicative credits for retaking a course during a license period).

More information, including the material in this packet, is available at Prometric’s Website: www.prometric.com/ce.

For further information, contact Prometric by:

Phone: **800.899.4184**

E-mail: CESupportTeam@Prometric.com

Website: www.prometric.com

Arizona Division of Insurance Continuing Education Program

Summary of Arizona Insurance Continuing Education Provider Requirements

General Program Information and Requirements

1. Providers must submit all requests for course approval at least 30 days before their use. **You may request an expedited course review by paying an additional \$55.00 fee per course/provider application. A course/provider application is then processed within three business days.**
2. Providers must publish and abide by a refund policy. The refund policy is to be submitted with the provider approval application (unless no course fee is charged to a student). A policy of no refunds is unacceptable.
3. No course may be advertised or otherwise promoted as appropriate for Arizona CE credit until it has been approved in writing. Advertising a provider or course as being offered for CE credit before approval of the provider/course is grounds for disqualification as a provider. Courses may be advertised as "pending approval" after being submitted.
4. Once approved, a course may not be substantially altered without a new application (including fee) being submitted to and approved by Prometric. A substantial alteration is any change that would modify the content or time allocations stated in the course outline or would change any of the course topics. A change in the focus of a course where all or significant portions are based on a particular concept (ISO policy form, policy type, etc) would be considered substantial. A change to update a minor point (change in Medicare deductibles, changes in estate tax limits, etc.) would not be considered substantial.
5. Fifty (50) minutes of instruction will qualify for one CE credit. Registration, coffee and lunch breaks, and social hours do not qualify for CE credits and must be excluded from the CE credits requested.
6. No partial credits will be awarded. Anything less than 50 minutes will be rounded down.
7. A course that is approved in 5 or more other states will be automatically approved in Arizona with the submission of an Arizona course approval application (course outline or self-study material); the Arizona course approval fee; & evidence of the other state approvals with the submission. Credits will be awarded according to Arizona content guidelines. A minimum of 1 credit hour will be awarded in every case.
8. No more than 10 hours of classroom course credit may be awarded for one day of instruction.
9. The approval of a provider found to have issued a certificate of compliance to an individual who did not complete a course shall be revoked and individuals involved in the issuance of fraudulent certificates of completion may be prosecuted. A licensee found to have submitted a certificate of compliance for a course the licensee did not complete should be subject to administrative action, which may include license revocation and/or the imposition of civil penalties.
10. Licensees will earn credit only once for a course completed in a license term. However, the licensees may take the same course again in a subsequent license term and receive credit. Licensees cannot receive CE credit for both a self-study (examination) course and a classroom course based on the same published materials within the same license period.
11. Course reviews are based on material received with the application. Applications that are incomplete, unclear or lacking in detail may be returned without action.
12. Providers must keep all records of attendance, records of examination, course records and requests for duplicate certificates of compliance on file for five years after the year in which the course was held. These records must be available to the Division upon request.
13. Providers must report changes of names; owners or officers; addresses; provider director; phone and fax numbers; e-mail address; and disciplinary actions arising out of any jurisdiction to Prometric within 14 days of the change.
14. Providers must report to the Division any disciplinary action taken against that provider by another state licensing authority.
15. Providers who disagree with Prometric's decisions may use the appeal process found on Page 7.
16. Providers must agree to inform Prometric of the date, time and location of each classroom session, conference and convention, at least 15 days prior to presenting. Further, Prometric must be notified immediately when a change is made in date, time and/or location. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked. In addition, if a roster is submitted that does not have a course schedule offering, the roster will be rejected.
17. Providers are required to provide course completion rosters to Prometric within 15 calendar days of course completion. The roster must include the name and Arizona license number of each licensee. Providers who fail to report course completion rosters in a timely manner may be subject to sanctions for non-compliance. Course completion rosters can be easily reported through Prometric's Website.

18. Providers must distribute course certificates of compliance to all individuals who meet the requirements of the CE course within seven days of the conclusion of a course. Providers are able to use the Prometric Website to produce certificates of compliance when using the Website to report roster information for the course. Each certificate must contain the name and Arizona license number of the licensee, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by the licensee, and the name and identification number of the provider. Only the certificate provided by Prometric, with the Arizona State seal, is considered valid for licensee CE reporting purposes.
19. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Division and/or its designees, in an official capacity, may audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters and other aspects of instruction. These auditors will not be interfered with while conducting or attempting to conduct an audit. Audits will be conducted with minimal disruption. Providers agree that auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant Prometric and the Division the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records.

Qualifying/Non Qualifying Course Subjects

20. To qualify for approval, a course must be designed to develop or expand technical insurance skills and knowledge.
21. The following subjects will qualify for approval: Rating, tax laws (specifically related to insurance), policy contents, proper uses of products, ethics, risk management, pre-license training, Arizona insurance code and administrative rules, technical information related to the insurance license, errors and omissions, estate planning/taxation, wills and trusts, and financial planning. Management content directly related to insurance may be approved.
22. The following subjects will not qualify for approval: Sales, motivation, prospecting, psychology, communication skills, supportive office skills (typing, filing, computers, etc.), personnel management, recruiting, and other subjects not related to the insurance license.

The following subjects/topics may qualify:

1. Actuarial mathematics, statistics and probability – in relation to insurance
2. Assigned risk – in relation to insurance
3. Claims adjusting and procedures
4. Courses leading to and maintaining insurance designations
5. Employee benefit plans – in relation to insurance
6. Errors and omissions – in relation to insurance
7. Estate planning/taxation – in relation to insurance
8. Ethics – in relation to insurance
9. Financial planning – in relation to insurance
10. Fundamentals/principles of insurance (including but not limited to: annuities, crop and hail, life, accident and health, property/casualty [P/C], etc.)
11. Fundamentals/principles of Title insurance
12. Insurance accounting/actuarial considerations
13. Insurance contract/policy comparison and analysis
14. Insurance fraud
15. Insurance laws, rules, regulations and regulatory updates
16. Insurance policy provisions
17. Insurance product-specific knowledge
18. Insurance rating/underwriting/claims
19. Insurance tax laws
20. Legal principles – in relation to insurance
21. Long-term care/partnership
22. Loss prevention, control and mitigation – in relation to insurance
23. Managed care
24. Principles of risk management – in relation to insurance
25. Proper uses of insurance products
26. Real Estate Settlement Procedures Act (RESPA) – in relation to insurance
27. Restoration – addresses claims, loss control issues and mitigation – in relation to insurance
28. Retirement planning – in relation to insurance
29. Securities – in relation to insurance

30. Suitability in insurance products
31. Surety bail bond
32. Underwriting principles – in relation to insurance
33. Viatical/life settlements – in relation to insurance

Other topics that contribute substantive knowledge relating to the field of insurance and expands the competence of the licensee.

The following subjects/topics may not qualify:

1. Clerical functions
2. Computer science
3. Computer training/skills or software presentations
4. Courses on investments – stocks, bonds, mutual funds, Financial Industry Regulatory Authority (FINRA)/U.S. Securities and Exchange Commission (SEC) compliance (National Association of Securities Dealers [NASD]/SEC), etc.
5. Courses that are primarily intended to impart knowledge of specific products of specific insurers
6. Customer service
7. General management training
8. Goal-setting
9. Health/stress/exercise management
10. Marketing/telemarketing
11. Motivational training
12. Company and vendor-specific product launches
13. Office skills or equipment or procedures
14. Organizational procedures and internal policies of an individual insurer
15. Personal improvement
16. Prospecting
17. Psychology
18. Recruiting
19. Relationship building
20. Restoration – promoting products or services
21. Sales training
22. Service standards or service vendors
23. Time management

Other topics or courses not related to insurance knowledge or competence of the licensee.

Classroom Courses

23. Providers must submit online applications certifying that instructors are qualified and competent.
24. An instructor may earn double credit hours for teaching a classroom course for five or more students once per course within a licensing period. A separate Certificate of Compliance for instructors will be provided for this period.
25. Providers must require attendees of a classroom CE course to sign in upon entering the course and to sign out after the course is finished. Providers must also require each attendee to show a state-issued photo identification (e.g. driver's license) from which the provider must record the ID.
26. Providers are required to provide certificates of compliance within one week after the course is completed. Licensees will demonstrate to the Division compliance with continuing education requirements by submitting certificates of compliance or a printout of their CE transcript available on Prometric's website along with their paper license renewal applications.
27. Courses conducted as videoconferences must be submitted as classroom courses. A qualified instructor must be present to respond to questions.

Self-Study Courses

28. Applications for self-study courses must include a copy of all materials that a student must study in order to pass the exam. The materials may be in the form of paper, diskette, CD or other electronic medium. In addition, a word count excluding glossaries, indexes, tables of contents and appendices must be included. If the required

materials and information are not included, the course may be disapproved. A copy of one version of the exam should be submitted with the course materials. Exams for self-study courses must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to a suggested maximum of 75 questions for very large courses. It is suggested that all questions should be four-alternative multiple choice or completion format and that the use of True/False questions be avoided.

29. Self-study exams must be monitored by the CE provider director, an Arizona-licensed insurance producer appointed by the provider director or a person appointed by the provider director who is in the business of administering education or examinations. The provider should ensure that the student is aware of these monitoring requirements before the student starts the CE course. The monitoring process must ensure that the student will complete the exam and that the specified conditions of administration are observed. Exams must be kept sealed until the exam starts. Providers may allow exams to be administered on an open-book basis. Providers who require closed-book exams must be sure that students are notified in advance of that requirement. The monitor and the licensee must sign the Affidavit of Personal Responsibility (sample provided in this packet). Providers must retain the Affidavits. **Providers must NEVER refer students to the Arizona Division of Insurance to locate an eligible proctor. This is the responsibility of the provider and if a provider fails to provide an eligible proctor their providership may be revoked.**
30. The proposed exam for self-study courses will be approved along with the course. Actual self-study course materials are required to be submitted with the application. Credits will be determined by the estimated time it will take a student to study the material, adjusted by the percent of the course content that is acceptable as CE. Credit will be allowed only if the student passes the exam with a score of 70 percent or higher. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. The exam may be presented via the Internet and may be on an "open-book" basis where the student has access to the text during the exam. The proctor must be physically present as the student takes the exam. The same affidavit requirement for proctors is in effect.

Webinars

31. Webinar courses must follow standard classroom policies in addition to the below stated rules:
 - Must be submitted as classroom courses
 - A separate course submission is required for webinar courses
 - Final exams are not required for webinars
 - Providers must have a process to determine when a participant is inactive or not fully engaged, such as when the screen is minimized, or the participant does not answer the polling questions or verification codes.
 - For webinars not given in a group setting, no less than two polling questions and/or attendance verification codes must be asked, with appropriate responses provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
 - Students in all locations must be able to interact in real time with the instructor and should be able to submit questions and/or comments at any point during the webinar session.
 - The provider must have a procedure that informs the students in advance of the course participation requirements and consequences for failing to actively participate in the course.

Arizona Division of Insurance Continuing Education Program Appeal Procedures

A CE provider may dispute a decision regarding a course or provider application. If a disagreement arises, the Division recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with a CE evaluator/auditor, who will discuss the findings and try to resolve the issue over the phone. Courses with deficiencies will be disapproved if the deficiencies are not remedied by revised or supplemental information within 30 days of Prometric's notice of the deficiency.
2. If the dispute cannot be resolved by phone, write the reason(s) for disagreement and reconsideration of the decision. Prometric will respond to your request for reconsideration within 15 business days of receipt. Send requests for reconsideration to:

**Prometric Operations Center
Attn: Continuing Education Processing
7941 Corporate Drive
Nottingham, MD 21236
Email: CE-Appeals@prometric.com**

Prometric's decision on your application is an appealable agency action pursuant to Arizona Revised Statutes ("A.R.S.") § 41-1092. If Prometric denies your application, Prometric will send you a denial notice that informs you of your right to an administrative hearing to appeal the decision.

Arizona Division of Insurance Continuing Education Program

Instructions for Completing the Provider Approval Application

Organizations providing insurance CE for Arizona credit must be reviewed and approved by Prometric, the Arizona Division of Insurance's designated administrator. Prometric will assign a provider number that will allow courses to be tracked by provider.

You may apply as a provider when you send your first course for review.

Completing the Approval Form

Provider Name

Print or type the full legal name of the organization providing the education.

Owners or Officers

List the name, business address and business telephone number of each individual who has a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a 10 percent or greater interest.

Address

Provide the complete physical street address, including ZIP code, of the location at which continuing education records will be maintained. In the space provided for a mailing address, you may provide a separate mailing address (such as a post office box).

Provider Director

Provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise such as course rosters, course materials, schedules, etc. The provider director must have the authority to execute agreements on behalf of the provider. Enclose with this application a résumé or other document reflecting the qualifications (experience, professional designations, degrees, licenses held, etc.) of the provider director.

Voice Phone

Give the voice phone number, including the area code, where the provider director may be reached. Also provide a fax number and e-mail address.

How Long in Business

Give the number of years your organization has been in the business of providing CE courses.

Is Your Course Open to the Public?

Can any licensee enroll for the course? Mark "Yes" if it is available to any licensee.

Disciplinary Actions

Before responding to the two questions concerning disciplinary actions, you may wish to obtain written statements from your owners, officers and provider director in order to properly document your responses on the provider application.

How Will You Record Attendance?

Indicate what method you will use to track attendance.

Type of Organization

Check the type that best describes your organization. The "Other" category is intended to cover organizations that do not fit into the previous categories. If you use the "Other" category, briefly describe your organization; your application may be assigned to another category.

Former Names and Locations

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor, partner or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of

the voting stock, please list all training companies for which any of these owners has been proprietor, partner or has held at least 50 percent of the voting stock.

Link to Provider Website

If your organization has a Website that lists the dates, times and locations of courses approved for Arizona insurance continuing education credit, Prometric can provide a link to this page from the Prometric Website. Please provide the specific URL (Internet address) that will bring licensees directly to the page listing the dates, times and locations of Arizona-approved courses.

Certification

You must certify that your organization will abide by all Arizona laws and Division of Insurance rules, policies and requirements regarding insurance continuing education. The provider director must sign this certification.

Refund Policy

Providers must publish and abide by a refund policy. The refund policy must accompany the provider approval application (unless course fees are not charged to students). A policy of no refunds is unacceptable.

Submission

Submit the approval form and refund policy online at SBS's Web site, [SBS](#).

Arizona Division of Insurance Continuing Education Program Provider Approval Application

Please Print or Type. Photocopy as Needed.

Provider Name		Prometric Use Only	
Names and Titles of Owners or Officers (list below)		FEIN#	
Name / Title	Street Address, City, State, ZIP Code, Phone Number		Designations and Licenses
	() -		
	() -		
	() -		
Physical Street Address (where provider records will be maintained)		City	State ZIP Code
Provider Mailing Address (if different than physical address)		City	State ZIP Code
Provider Director (enclose résumé)		Title	
Voice Phone # ()	Ext.	Fax # ()	E-mail Address
How long have you been in business?		Are your courses open to the public? <input type="radio"/> Yes <input type="radio"/> No	
Has your organization or any owner, officer or provider director been convicted of a felony involving moral turpitude, or had an insurance, financial-services or educational license suspended or revoked?		<input type="radio"/> Yes <input type="radio"/> No	
Has your organization or any owner, officer or provider director been convicted of a misdemeanor denounced by any law regulating insurance, or a public offense having as one of its necessary elements a fraudulent act or an act of dishonesty in the acceptance, custody or payment of money or property?		<input type="radio"/> Yes <input type="radio"/> No	
How will you record attendance?			
Type of Organization: (check one)	<input type="radio"/> Sole proprietorship	<input type="radio"/> Association	<input type="radio"/> Other _____
	<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Company	
	<input type="radio"/> Corporation	<input type="radio"/> Limited Liability Partnership	
Have you operated under any other name? <input type="radio"/> Yes <input type="radio"/> No			
If yes, provide the name and address of each business under whose name you have operated (see instructions for details).			
Name	Address		
Will your organization have an Internet Website that lists the dates, times and locations of courses approved for insurance continuing education credit? <input type="radio"/> Yes <input type="radio"/> No			
If yes, would you like Prometric to provide a hyperlink from its Website to that Web page? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please provide the URL (address) that will bring licensees directly to the page that lists the dates, times and locations of approved courses. http://			
I certify that I have read the requirements for Arizona Continuing Education Providers and agree to abide by those requirements and will abide by Arizona insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those program requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.			
_____ Provider Director's Signature		_____ Date	
_____ Print or Type Name		_____ Title	

AZP-01 (09/09)

COMPLETE FORM AND PAYMENT ON SBS WEBSITE

Arizona Division of Insurance Continuing Education Program

Instructions for Completing the Course Approval Application

Credit is given only for courses that have been approved. You may not advertise or otherwise promote courses as appropriate for Arizona CE credit until they have been approved. You may not conduct courses for CE credit until you receive written approval from Prometric.

Arizona participates in the NAIC CE Reciprocity Agreement. If you are a provider domiciled in a participating state, you may submit course approval applications based on this reciprocity. See the instructions on Page 14.

Completing the Form

Provider Name

Print or type the full legal name of the organization providing the course.

Provider Number

Enter the provider number assigned to your organization by Prometric. If you do not have a Prometric provider number, leave this space blank.

Course Title

Enter the title (maximum 40 characters).

Course Number

Leave blank; Prometric will assign a number.

Course Type

Mark the formats that will apply for this course. Classroom includes single- and multiple-session classroom courses, seminars, conferences and conventions at which attendance is monitored. Self-study courses are courses for which attendance is not monitored. Self-study courses must be followed by a monitored exam (open or closed book). Credit may be given for self-study courses only when the student passes an exam.

How Will This Course be Taught?

Check all the methods that will be used to teach this course. A lecture refers to a presentation given by a speaker on a specific insurance topic with some student interaction. A workshop generally has a discussion leader who may make a short presentation and usually will lead a discussion among participants. A panel discussion will typically include two or more subject-matter experts discussing issues surrounding the topic; active participation by the students is usually encouraged. Video/teleconference is generally a presentation of a course using video multimedia transmitted to multiple locations at one time, or on videotape for viewing at a later date. Videotape courses must be presented and/or facilitated by an on-site instructor, whether viewed at interactive teleconference sites or at a later date.

How Much Time?

Enter the amount of time that the student will be required to attend class. A credit is defined as a **50-minute** period that the student is required to be in the classroom. Prometric will award credits based on the duration of the course and the percentage of the material that is approved.

How Will Attendance be Verified?

Check all the methods that will be used to verify attendance.

Comprehensive Outline

Attach a comprehensive course outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

1. Divide the outline into sections of approximately 30 minutes each. List the minutes of instruction devoted to each section. The total number of minutes should equal the length of the course.
2. If it is a multiple-session designation course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
3. Include case studies with the outline. Credit will not be assigned for case studies without detail.

Number of requested credit hours

Indicate how many credit hours you are requesting and how you determined this number.

Has this course been approved in at least five other states?

Indicate whether this course has been approved for use in five other states. If so, provide the state names and a copy of the approval documents from each state.

Certification

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable Division policies and requirements and Arizona statutes and regulations.

Attachments

1. Annotated course outline. Case studies must be included if used.
2. Copies of all study materials, examinations, and affidavits for self-study courses.
3. Course pamphlet/brochure is helpful, but not required.
4. If the course is approved in at least five other states, copies of approval documents from each state.

Submission

Send your application form and attachments online at SBS's Web site, [SBS](#).

Arizona Division of Insurance Continuing Education Program Course Approval Application

Please Print or Type. Photocopy as Needed.

Provider Name		Provider Number
Course Title (maximum 40 characters)		Course Number (Leave Blank)
Course Type (<i>select one</i>):	For classroom only, how will this course be taught?	For classroom only, how many contact hours are students required to attend class to receive credit?
<input type="radio"/> Classroom <input type="radio"/> Self-study	<input type="radio"/> Computer <input type="radio"/> Conference <input type="radio"/> Correspondence <input type="radio"/> Self-Directed <input type="radio"/> Seminar/Workshop <input type="radio"/> Video/Audio/CD/DVD <input type="radio"/> Traditional Classroom <input type="radio"/> Teleconference <input type="radio"/> Online Training/Webinar	_____ _____
How will classroom attendance be verified? (<i>check all that apply</i>) <input type="radio"/> Periodic Roll Call or Attendee Audit <input type="radio"/> Sign-in/out Sheet and Door Monitor <input type="radio"/> Attendance Ticket and Door Monitor <input type="radio"/> Monitored Examination after Self-study Course Completion <input type="radio"/> Other _____		Is an examination required for continuing education credit? <input type="radio"/> Yes <input type="radio"/> No If yes, how much time will students have to complete the exam? _____ minutes. If an examination is required, what percentage of correct answers constitutes a passing grade? _____%

For classroom and seminar courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.

For self-study courses: Enclose a copy of the self-study materials with a copy of the final examination and exam plan. For each examination question, provide a page and paragraph reference to the study materials.

How many credit hours are you requesting for this course and how was this number determined? Please note credit type and number requested in next section _____ _____ _____	Credit Type and number requested (Credits may be split within a course): General _____ Ethics _____ Flood _____ Long Term Care _____ Crop _____ Annuity _____
--	--

Has this course been approved in at least five other states? Yes No
 If yes, please list the states and attach the course approval document issued by each state.

I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all applicable policies and requirements established by the Arizona Division of Insurance.

Print/Type Name of Provider Director

Provider Director Signature

Date

Instructions for Providers Eligible for NAIC CE Reciprocity

As of December 2020, all states or jurisdictions are participating in the agreement **EXCEPT**:

American Samoa	Puerto Rico
Florida	Virgin Islands
Guam	

You cannot file using CE Reciprocity until you have received the course approval from your state of domicile.

To obtain Arizona approval based on this reciprocity, you **must** complete these steps:

1. Be approved as a course provider in your state of domicile.
2. Receive a course approval document from your state of domicile. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. Be approved as an Arizona provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval, subject to renewal five years from the date of approval.
4. Complete the Continuing Education Reciprocity Course Filing Form for each course.
5. Submit a photocopy of the course approval document from your home state and a copy of the outline for classroom courses or the table of contents for self-study courses.
6. Pay the \$60 course approval fee for each course.

Submit the application form online at SBS's Web site, [SBS](#).

Use the Fee Worksheet on Page 28 to calculate your payment. Fees are nonrefundable.

Arizona is not required to accept any topic, provider or instructor that is not eligible for approval under its laws and regulations.



UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

Provider Information

Provider Name		FEIN # (if applicable)			
Contact Person		E-mail Address of Contact Person			
Phone Number () - ext.	Fax Number () -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address		City	State	Zip	
Submitter Name (if different from provider contact person above)					
Submitter Phone Number		E-mail Address of Submitter			

Course Information

Course Title	
Date of Course Offering (if applicable)	Existing Course Number (if applicable)

Method of Instruction

<p style="text-align: center;"><u>Non-Contact / Asynchronous*</u></p> <p>Self – Study</p> <p><input type="checkbox"/> Correspondence</p> <p><input type="checkbox"/> On-Line Training (Self-Study)</p> <p><input type="checkbox"/> Recorded Media</p> <p><input type="checkbox"/> Other _____</p> <p>Word Count _____</p> <p>Mandatory Run-time _____ (Interactive Components of Course)</p>	<p style="text-align: center;"><u>Contact / Synchronous*</u></p> <p>Classroom</p> <p><input type="checkbox"/> Seminar/Workshop</p> <p><input type="checkbox"/> Other _____</p> <p>Webinar</p> <p><input type="checkbox"/> Virtual Class/Webinar/Video Conference</p> <p><input type="checkbox"/> Other _____</p>
--	---

Measurement used for successful completion: Attendance Final Exam Other _____

Is this course open to the public? Yes No

National Designation? Yes No

If yes, Designation Type: _____

Difficulty (Check): Basic Intermediate Advanced

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs Requested by Provider		Hrs Approved by Home State		Hrs Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales /Mktg	Insurance
A. Producer Topics: (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viaticals, Annuities, etc.) _____						
Total Hours						
B. Adjuster Topics (Circle Appropriate Course Concentration)						
General						
Workers Comp						
Ethics						
Other _____						
Total Hours						
C. Public Adjuster (Circle Appropriate Course Concentration)						
General						
Ethics						
Other _____						
Total Hours						
Information Below is for Regulator Use Only						
Approval Date						
Course Number assigned						
Course approval expiration date						
Signature of Home State Regulator/Representative OR ATTACH Provider Home State Approval Form						
Signature of Reciprocal State Regulator/Representative OR ATTACH Reciprocal State Approval Form						

INSTRUCTION SHEET

NOTE: This course may NOT be advertised or offered as approved in the state to which application has been made until approval has been received from the insurance department.

1. If you are a PROVIDER filing for approval from the Home State:

- 1.1 Complete all the fields in the “Provider Information” section except “Reciprocal State” and the adjacent “Provider #” fields.
- 1.2 Complete the Course Information Section.
- 1.3 In the “Credit Hours Requested and Course/Hours Decision” section, complete the “Hrs. Requested by Provider” columns, detailing in the respective columns the number of hours for sales – and marketing-related instruction and the number of hours for other insurance-related instruction. Please note the following:
 - 1.3.1 When using this application, which is governed by the NAIC CE Reciprocity Agreement in conjunction with ‘states’ laws, only whole numbers of credit hours will be approved – partial hours will be eliminated.
 - 1.3.2 States that approve sales/marketing topics will consider the hours in the “sales/Mktg” column and the hours in the “Insurance” column when deciding the number of hours to approve. States that do not permit sales/marketing topics as part of continuing education credit hours will only consider the hours shown in the “Insurance” column when making their credit-hour approval decisions.
 - 1.3.3 Contact the individual state to determine whether there are any state specific requirements for submitting courses.
- 1.4 Submit the application form along with required course materials, a detailed course outline, instructor information, if required, and the required course application fee.

2. If you are a PROVIDER filing for approval from a Reciprocal State:

- 2.1 Make a sufficient number of photocopies of the Home State approval form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.
- 2.2 On each application, write the Reciprocal State and the provider number assigned to you by that state in the “Reciprocal State” and adjacent “Provider #” fields.
- 2.3 Send the CER application, home state approval, if home state issues one, a detailed course outline, and the required fee to the reciprocal state. If this is a National Course *, the Providers will be allowed to submit an agenda that must include date, time, each topic and event location in lieu of a detailed course outline.
- 2.4 Subsequent national course offerings should only be reported for events that are conducted in the “home” state.

* **National Course** is defined as an approved program of instruction in insurance related topics, offered by an approved provider, and leads to a national professional designation or is a course offered to individuals who must update their designation once it is earned.

3. If you are the HOME STATE or designated representative of the Home State:

- 3.1 After reviewing the course materials, complete the “Hrs Approved by Home State” column.
 - 3.1.1 Multiple types of credit and delivery methods can be approved using one CER Form.
- 3.2 Enter the date of approval, course # assigned, course approval expiration date. Sign the CER Form OR attach the home state approval form.
- 3.3 If the course is not approved, note it on the bottom of the CER Form.

4. If you are the RECIPROCAL STATE or designated representative of the Reciprocal State:

- 4.1 After reviewing “Hrs approved by Home State” complete the “Hrs Approved by Reciprocal State”.
 - 4.1.1 It is unnecessary for each State to perform a substantive review of continuing education courses that have previously been approved by the Home State.
 - 4.1.2 Reciprocal states cannot award different credits than the home state unless certain aspects are not allowed by state law.
- 4.2 Enter the date of approval, course number assigned, course approval expiration date. Sign the CER Form OR attach the reciprocal state approval form.
- 4.3 If the course is not approved, note it on the bottom of the CER Form.
- 4.4 The reciprocal state agrees to approve the CER submission within 30 days of receipt.

Substantive Review – A thorough review of the course to confirm compliance with the home state’s applicable laws and regulations for the approval of insurance continuing education. The review includes a determination whether the:

1. Subject matter meets the criteria for insurance education, to include approvable and non-approvable topic guidelines;
2. Provider has procedures for reviewing course material in order to keep it up to date and timely;
3. Course design and instructional strategies are appropriate for the method of delivery;
4. Credit hours are properly calculated based on instruction method;

5. Criteria for completing the course meets the standards applicable to the instruction method.

***Drafting Note:** The instructor information matrix was eliminated in 2018 as this information should be readily available on individual state/jurisdiction websites.

Sample Acceptable Course Outline

DIRECTORS AND OFFICERS LIABILITY

25 minutes	8:30 - 8:55	I. Recent history of D&O liability exposure A. Trends in D&O claim frequency and severity B. Major problem areas 1. Federal securities laws 2. Mergers/acquisitions 3. Pollution claims 4. Financial institutions claims 5. Third-party claims C. Recent large settlements and judgments
25 minutes	8:55 - 9:20	II. Legal concepts underlying the D&O exposure A. Basic legal duties of directors and officers 1. Duty of obedience 2. Duty of loyalty 3. Duty of care B. To whom duties are owed C. Common defenses D. Recent legislation limiting director liability
9:20 – 9:30	BREAK	
50 minutes	9:30 – 10:20	III. Common exclusions A. Public policy exclusions 1. Dishonesty 2. Gaining an illegal profit or advantage 3. Section 16(b) of the Securities Exchange Act 4. Return of excessive remuneration B. Intended to be covered elsewhere 1. Libel and slander 2. Nuclear energy 3. Employment practice
10:20 – 10:30	BREAK	
50 minutes	10:30 – 11:20	IV. Case study Review of ABC Corporation’s stockholder lawsuit alleging mismanagement by the corporation’s board of directors and senior management. Study includes review of facts, company’s defense and participation in defense by the insurer.

This course outline is acceptable because:

1. Sufficient detail is given on subject matter covered.
2. Sufficient detail is given on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline.
5. Case study is described.

NOTE: CREDIT CANNOT BE GIVEN FOR SECTIONS WHERE NO DETAIL IS PROVIDED. WHEN CASE STUDIES ARE USED, DESCRIPTIONS MUST BE INCLUDED.

Sample Unacceptable Course Outline

ADVANCED WORKERS COMPENSATION SEMINAR

- 8:00 a.m. – Noon
- I. Introduction
 - II. Policy coverages
 - A. Benefits to injured workers
 - B. Employer liability
 - III. Writing workers compensation coverages with Middle Atlantic Life and Casualty
 - A. Sales support to agents
 - B. Price and service comparisons to competitors
 - IV. Use of technology by agents to service clients
 - A. Wonder Wizard claim reporting software
 - B. Visit the Middle Atlantic Life and Casualty Interactive Website
- Working luncheon
- Noon – 1:00 p.m.
- V. Reserving
- 1:00 p.m. – 4:00 p.m.
- VI. Loss control activities
 - VII. Case studies
 - VIII. Panel discussion with experts

Problems: Reasons for Unacceptability

Deficiencies in this outline:

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and Marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

SAMPLE

AFFIDAVIT OF PERSONAL RESPONSIBILITY

To be Signed by Student

I declare that I personally completed this exam without assistance from any person(s).

Signature (sign in ink only)

Date

AFFIDAVIT OF EXAM COMPLETION

To be Completed and Signed by Exam Monitor

Printed Name of Student:		Name of Course:		
Address Where Exam was Taken:		City:	State:	ZIP Code:
Date Exam was Taken:		Beginning Time:	Ending Time:	
Type of Monitor: (check one)		Provider Number or AZ Insurance License Number of Monitor _____		
<input type="radio"/> Provider Director				
<input type="radio"/> An Arizona-licensed insurance producer appointed by the provider director				
<input type="radio"/> A person appointed by the provider director who is in the business of administering education or examinations.				
Printed Name of Monitor:		Job Title of Monitor:		
Monitor's Company/Agency Name:		Business Phone Number: () -		
Business Mailing Address:		City:	State:	ZIP Code:

I declare that I personally observed the above named individual during the completion of this examination and also observed that the licensee received no assistance from another person in completing the examination.

Signature of Examination Monitor
(sign in ink only)

Date

Arizona Division of Insurance Continuing Education Program

Instructions for Completing the Instructor Registration to be Submitted by Provider

Courses approved for Arizona CE credit must be taught by registered instructors. Instructors must be approved by each provider whose class(es) they teach and register with Prometric. Instructors will earn credit once per two-year licensing period for a course they teach. Instructor registrations are not subject to renewal.

Completing the Online Application

PROVIDER INFORMATION

All instructor applications are filed online at [SBS](#) from within your SBS for Business account.

INSTRUCTOR INFORMATION

Name(s)

Enter the full legal name of the certified instructor, and any former names and/or aliases.

Date of Birth

Enter instructor's date of birth.

Email Address

Enter instructor's email address.

Home Street Address

Provide home street address; a post office box alone is not acceptable.

Phone Numbers

At least one phone number is required to be entered.

Qualifying as an Instructor

Indicate the item(s) that best describe your qualifications to be an instructor.

Professional Designation(s)

List 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, Insurance Institute of America
AFSB	Associate in Fidelity and Surety Bonding, Insurance Institute of America
ARM	Associate in Risk Management, Insurance Institute of America
AU	Associate in Underwriting, Insurance Institute of America
CEBS	Certified Employee Benefits Specialist, International Foundation of Employee Benefit Plans
CFP	Certified Financial Planner, The American College
ChFC	Chartered Financial Consultant, The American College
CIC	Certified Insurance Counselor, The National Alliance for Insurance Education and Research
CISR	Certified Insurance Service Representative, The National Alliance for Insurance Education and Research
CLU	Chartered Life Underwriter, The American College
CPCU	Chartered Property & Casualty Underwriter, American Institute for CPCU
FLMI	Fellow, Life Management Institute, Life Office Management Association
LUTCF	Fellow, Life Underwriter Training Council, National Association of Life Underwriters
RHU	Registered Health Underwriter, The American College

Disciplinary Actions

If you answer "YES" to either of the two disciplinary action questions, provide a written explanation along with copies of the court documents showing the charges and final disposition concerning each matter.

Certification

Print or type the instructor's name. The instructor must sign and date the form to certify that all the information provided on the application is an accurate representation of the instructor's education, experience and background. Furthermore, the instructor certifies agreement to abide by applicable Arizona laws, regulations and requirements.

Submission

Submit application, instructor resume, and any additional supporting documents online at SBS's Web site, [SBS](#).

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

Arizona Division of Insurance Continuing Education Program Instructions for Completing the Certificate of Compliance

Arizona requires that you issue a certificate directly to the agent within one week of the course's completion. You must use the Arizona standard certificate form, an example of which is enclosed with these instructions. You will receive one course certificate of compliance for each course upon approval by Prometric. The Arizona State seal is required to be displayed on this form. The course name, course number, provider name, provider number, provider phone number and course credit breakdown will be pre-printed on the certificate.

Each classroom course will have a second course number assigned so that double credits can be awarded to instructors who taught the class to five or more students. The course name will be identical except that "(instr)" will be at the end of the course title. Do not award a student certificate to an instructor or vice versa.

FOLLOW THESE STEPS TO COMPLETE THE CERTIFICATE:

Full Name of the Licensee: You must fill in the licensee's name. **Under no circumstances should you issue a certificate without entering a name**, either typed or written in ink. We recommend that you ask all licensees to register for the course using the name shown on their insurance license.

License Number of the Student: Enter the license number of the student.

Date of Course Completion: Enter the date the course ended. Self-study providers should enter **the date the exam was taken and passed**.

Signature: The certificate must be signed by the provider director or designee. Providers must issue certificates within one week from the end of the course.

Arizona law requires that you keep a list of attendees for five years from the end of the year in which the course is completed. You are not required to keep copies of the actual certificates of compliance. Certificates are the property of the licensee who completes the course, no matter who pays the tuition. Providers are required to issue duplicate certificates for any attendee within the five-year record keeping period. Providers may charge a fee for duplicate certificates not to exceed five dollars.

Double Credit for Instructors: If five or more students attend a classroom course, the instructor is eligible for double credit. Enter the appropriate information on the **CERTIFICATE OF COMPLIANCE for Instructors**.

SAMPLE

ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
CONTINUING EDUCATION

CERTIFICATE OF COMPLIANCE *for Students*

Provider: **ABC School of Insurance**
Provider Number: **S99999**
Provider Phone: **999.999.9999**
Course: **Commercial Liability Insurance**
Course Number: **C888888**

Credits: **6**

Name of Student (Full First, Middle and Last Names) _____

Arizona License # of Student _____

Date of Course Completion (mm/dd/yyyy) ____ / ____ / ____

Provider Director or Designee's Certification: I certify that the student named on this certificate completed the course identified on this certificate. For classroom courses, I also certify that a properly qualified and registered instructor was used.

Name of Provider Director or Designee: _____

Signature of Provider Director or Designee: _____

Title: _____ **Date:** _____

Student's Certification: By my signature below, I hereby certify that I completed the course for which I have received this certificate. I understand that submitting a false or fraudulent certificate of completion to the Arizona Division of Insurance may subject any application for an insurance license to denial and any issued license to suspension or revocation, may subject me to other civil and/or criminal actions and may impact my ability to become licensed in the future.

Signature of Student: _____

Students: Did this course meet your expectations? ____ Yes ____ No

If you answered no, please e-mail your comments to Prometric at CESupportTeam@prometric.com. Be sure to include your name, address, phone number, the course name, the course date and why the course did not meet your expectations.

For self-study courses, use the date of the exam as the course completion date.

SAMPLE

ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS CONTINUING EDUCATION

CERTIFICATE OF COMPLIANCE *for Instructors*

Provider: **ABC School of Insurance**
Provider Number: **S99999**
Provider Phone: **999.999.9999**
Course: **Commercial Liability Insurance (instr)**
Course Number: **C77777**

Credits: **12**

Name of Instructor (Full First, Middle and Last Names) _____

Arizona License # of instructor _____

Date of Course Completion (mm/dd/yyyy) ____ / ____ / ____

Name of Provider Director or Designee _____

The instructor named on this certificate will receive twice the number of credits that students do for this course.

I certify that five or more students attended this class. I also certify that this instructor is properly qualified and registered.

Signature of Provider Director or Designee: _____

Title: _____ **Date:** _____

Recipient's Certification: By my signature below, I hereby certify that I instructed the course for which I have received this certificate. I understand that submitting a false or fraudulent certificate of completion to the Arizona Division of Insurance may subject any application for an insurance license to denial and any issued license to suspension or revocation, may subject me to other civil and/or criminal actions, and may impact my ability to become licensed in the future.

Signature of Recipient: _____

Providers may create their own forms for course completion certificates, provided all of the same information indicated above is clearly reflected on the certificate.

For self-study courses, use the date of the exam as the course completion date.

Arizona Division of Insurance Continuing Education Program

Instructions for Roster Reporting

- **The roster form may not be used as the sign-in form.**
- A typed or computer-generated list with the same information is acceptable.
- For rosters that exceed one page, only the course number, course completion date and provider number are needed in the provider information section after the first page.
- **Rosters must be submitted within 15 calendar days of the course's completion online with SBS. This form should be used if more than 15 days have passed.**

Accuracy in roster submission is essential. Key entry errors or transpositions in license numbers result in the need for corrections and delay in credits being recorded for producers and brokers. **If an error is made by the provider on the roster submission, it is the provider's responsibility to resubmit the corrected roster.**

Completing the Form

Provider Number

Enter the provider number assigned by Prometric.

Provider Name

Enter the name of your organization. This field and the course name are secondary identifiers. The primary identification fields are the provider number and course number. Be especially careful to complete them accurately.

Course Number

Enter the Prometric-assigned course number.

Course Title

Enter the course title.

Course Completed

Enter the date the course was completed. For self-study courses, enter the date the exam was **completed**.

Producer License Number

Enter the individual's license number. Students failing to provide a license number will not be granted CE credit.

Student Name

Enter the last name, first name and middle initial, as space permits. As with provider and course names, the name is a secondary identifier in case the individual's license number is not accurate.

Instructors

To grant credits to an instructor, add the name and license number to the roster.

Fees

There are no fees.

Submission

Send the roster form(s), transmittal form and the appropriate total fees to SBS; for additional questions please contact:

**Prometric Operations Center
7941 Corporate Drive
Nottingham, MD 21236**

Email: CESupportTeam@Prometric.com

Confirmation

A confirmation email will be sent to provider after roster submission is completed.

Arizona Insurance Continuing Education Course Roster

Rosters must be submitted within 15 calendar days of the course completion date.

Internet roster reporting is available at [SBS](#).

Provider Number	Provider Name	
Course Number	Course Title	
Completion Date (mm/dd/yyyy)	Page	Pages
	OF	

Students who Completed the Course			
Arizona Insurance License Number	Last Name	First Name	Middle Initial

Arizona Division of Insurance Continuing Education Instructions for Completing the Course Offering Schedule

Complete schedules are required for all classes presented for Arizona CE credit. Schedules are used for course audits and for comparing schedule date to course completion date.

Report all course offerings to Prometric at least 15 days in advance of conducting the course. Notify Prometric immediately of course offering changes or cancellations; this notification must be done before the class.

You may enter, edit and view course offering schedule information: [SBS](#).

Failure to report scheduled classes or to report changes may result in noncompliant audit findings, which can affect sponsor status with the Arizona Division of Insurance.

Changes or Cancellations

It is often convenient for the sponsor to indicate cancellations or changes on a copy of the form originally used for reporting the class that is now being changed. If using this method, include a copy of the original schedule and clearly indicate that changes have been made.

Completing the Form

Schedule information may, at the discretion of Prometric, be accepted in another format. At time of online submission, the sponsor must provide all of the information listed.

Location

Indicate city, state, complete street address with suite number, building name, if applicable, and ZIP code. If the course will be held in a hotel or restaurant, indicate the name of the hotel or restaurant. If the course will be held at an agency or insurance company, give the name of the firm where the course will be held.

Schedule

Indicate the dates held and beginning and ending times for the courses. If the course is part of a longer training session including non-approved material, indicate only the time for the approved section. Weekly classes must give day of week, number of sessions, beginning and ending dates, and any dates class will not be held.

Contact Person and Phone

The contact person at the location is often the instructor or registrar/door monitor. Indicate the phone number at the location of the class, not the sponsor's office phone.

**Arizona Division of Insurance
Continuing Education Program
Fee Worksheet**

This form is for convenience in preparing submissions. It is not required.

		<u>Subtotal</u>
Provider Approval Fee	\$250	\$ _____
Provider Haste Approval Fee	\$ 55	\$ _____
Course Fees	<u># of courses</u>	
Course Approval	_____ @ \$60	\$ _____
Course Expedite Fee	_____ @ \$55	\$ _____
TOTAL		\$ _____