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LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON COMMISSIONER

INSTRUCTIONS FOR APPLICATION FOR CONTINUING EDUCATION PROGRAM CERTIFICATION

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Questions about the preparation of this application or continuing education program requirements, may be directed to this Department at (225) 342-0860 or via email at cefilings@ldi.la.gov. You may also find information about continuing education program requirement on our website at http://www.ldi.state.la.us/Licensing/Producer/cont ed.html.

Applications submitted hard copy and all payments should be submitted to

Louisiana Department of Insurance Continuing Education Review 1702 North Third St. Baton Rouge, LA 70802

- 1) Initial applications for continuing education programs must be submitted no less than thirty days prior to the first scheduled presentation of the program. Applications for renewal of a continuing education program must be submitted no less than thirty days prior to the expiration of the certification of the program.
- 2) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to cefilings@ldi.la.gov to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to the address above. The form entitled Payment Remittance for Electronic Submission must be completed and submitted along with all payments where the application is submitted electronically.
- 3) An application submitted electronically must include a completed and signed application form. The documents may be imaged using any of the standard image formats such as .pdf or .tif formats. An application submitted hard copy must include original signatures.
- 4) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. All correspondence must be sent to the attention of the Continuing Education Review to assure prompt receipt and handling.
- 5) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 6) Do not alter the forms contained in this packet. If you feel the requirements do not apply to the applicant notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) Every program which is not self-study should designate at least one supervising instructor who is responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program. This supervising instructor must meet the requirements of Rule 10 § 719.



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APPLICATION FOR CONTINUING EDUCATION PROGRAM CERTIFICATION

Provider Information:	
Provider Name:	
Provider FEIN Number:Lo	ouisiana Provider Number*:
Address:	I
Website:	TO()
Contact Person:	JUNGO
Phone:	Fax:
Email Address of Contact:	
Program Title:	
* The provider number must be supplied by providers who Department of Insurance. If the provider is a first-time ap	have previously had a program approved by the Louisiana plicant, leave this blank.
Application Type: Indicate the type of application. If this Program or Course number previously assigned by	application is for the renewal of a program, indicate the
First-time Application	Renewal Program #
License Type: Check all of the license types for which pro	gram approval is being requested.
Producer – Life	Producer – Personal lines
Producer – Health and accident	Producer – Bail bond
Producer – Property	Producer – Title
Producer – Casualty	Adjuster
Method of Instruction: Choose the method below which	.
Classroom/Lecture	Self- Study – Correspondence
Seminar	Self-Study – Web-based
Web-based Seminar (Webinar)	Professional Association Participation

Method of Determining Successful Completion: Choose determine that a licensee has successfully completed to detailed explanation of the method to be used.		
Final Exam - Supervised	Attendance	
Final Exam - Unsupervised	Other	
Program Concentration: Below provide a breakdown of the the total number of hours requested for the program. Cattached to this application must support the number of	Credits are awarded in 1 hour increme	
Subject	y requested nours.	Hours Requested
General Insurance Principles		•
Ethics		
Flood		
Long-term Care Insurance		
Annuities		
Consumer Finance Protection (for title producers)		
Bail Enforcement (for bail producers)		
	Total Hours Requeste	ed
Schedule, Location and Fee: If the program is not self-stude the presentation of the program and the cost of the promultiple times, list only the first scheduled presentationall other occurrences.	ogram to each participant. If the progr	ram will be presented
Beginning Date: Ending Date: I Location Address:		ng Time:
Cost to Participant:		
Is this presentation open to the public? If no, provide a brief explanation of who is eligible for attendance. Yes No		
Professional Designation Applicability:		
Is the program to be used to obtain or maintain a profession designation?	onal designation? If yes, what	Yes No
Attestation of Provider Representative		
I, the undersigned, do hereby attest that all of the information true and correct. I do further attest that I am familiar with the continuing education requirements and the provisions of Rule I the provider and program presented in this application are comp	ne requirements of the Louisiana Insu 10 of the Louisiana Department of Insu	arance Code relative to
(Printed Provider Representative Name)	(Signature of Provider Representa	ative)
(Title of Provider Representative)	(Date)	

Attachments: All of the following must be attached to this application.

Program Overview – Provide an overview of the program including a list of resource material to be used, a description of the training aids to be used, detailed description of the program and a timed outline of the program which clearly indicates the time spent on each subject for which credit is being requested.

Textbook/Student Materials- Provide a copy of textbook, handouts or other materials to be presented to the student.

- Instructor Information If the program is not a self-study program, attach a fully completed Continuing Education Instructor Information form for each instructor for the program. The proper form is attached. For any instructors of the program added after approval of the program, the completed form must be supplied no less than thirty days prior to a presentation of the program by that instructor.
- Online Access to Self-Study Courses- If the program is a web-based self-study course, provide the necessary access codes to view complete online program. Full course access is required.
- **Program Presentation Schedule** If the program is not a self-study program and will be presented multiple times, provide a copy of a fully completed Continuing Education Program Presentation Schedule for each presentation scheduled at the time of this application. For any presentations not include in this application, the provider must submit a complete Program Presentation Schedule no less than three days prior to the presentation.

Fee – Program approval fee of \$25.00. If the provider is a first-time submitter, a fee of \$250.00 must also be submitted.



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CONTINUING EDUCATION INSTRUCTOR INFORMATION

Provider Information: Provide the requested information	on for the program provider an	d indicated the program (s) which
the instructor will be presenting.		
Provider Name:		
Provider FEIN Number: I	Louisiana Provider Number*:	
Program /Course Number(s):	7	
* The provider number must be supplied by providers wh Department of Insurance. If the provider is a first-time a		ram approved by the Louisiana
Instructor Identification Information: Provide the re legal name of the instructor including the middle	quested information for the inst	tructor. You must provide the full
Instructor Name:	() ()	
Resident Address:		
Business Address:		<u> </u>
Current Occupation:	-) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Education and Training: Provide the requested inform additional insurance or educational training which instructional material. You may attach a resume lieu of completion of this portion of the form.	ch qualifies the instructor to ted	ach the program and present the
School or Training Facility Name	Dates Attended	Degree or Professional Designation Obtained
		. / 8/
		/ 2/
13/0/		
Membership in Professional Societies and Associate in professional societies or associations which concerns the instructional material. You may attack information in lieu of completion of this portion of	ontribute to the ability of the ins h a resume` or curriculum vitae	tructor to teach the program and
Name of Professional Society or As	sociation	Dates of Membership

Other Qualifications: Briefly describe any other qualifications, training, employment or skills which contribution to the ability of the instructor to teach the program and present the instructional material. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.				
Professional Licenses: Provide th				
in lieu of completion of this p	u may attach a resume` or curriculun portion of the form.	i vitae wnich proviaes the	requestea injorm	anon
License Type	State/Jurisdiction	License #	Date Iss	ued
Interrogatories: Provide responses	to the questions below and include a	ny supplemental informati	on requested.	
Is the instructor currently licensed as If yes, provide the Louisiana license r		he state of Louisiana?	Yes] No
Has the instructor ever been the subject of disciplinary or regulatory action for insurance related practices by the insurance department of any state or any similar state or federal regulatory body? If yes, provide a full explanation for and a copy of the action.] No	
Has the instructor ever been the subject of other action which is required to be disclosed in compliance with the Rule 10 of the Louisiana Department of Insurance §715 A 6? If yes, provide a full explanation for and a copy of the action.] No	
Will this instructor be a supervising instructor responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program? If no, provide the full name of the supervising instructor responsible for the conduct of this instructor.] No	
Attestation of Instructor				
I, the undersigned, do hereby attest t true and correct.	hat all of the information contained	in this application and all	attachments here	eto are
(Signature of Instructor	·)	(Date)		_



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CONTINUING EDUCATION PROGRAM PRESENTATION SCHEDULE

This completed form must be filed with the Louisiana Department of Insurance no less than three (3) days prior to presentation of an approved continuing education program.

Provider I	nformation:	Provide the ir	idicated infor	mation for the program and provider of the	program.
Provider Na	me:			_	
Provider FE	IN Number:_			Louisiana Provider Number*:	
Program/Co	urse Number:			LUIT	
				rs who have previously had a program appime applicant, leave this blank.	proved by the Louisiana
				rmation for the scheduled presentation of th	ne program.
		Start	End		
Start Date	End Date	Time	Time	Physical Address of Presentation	Instructor(s)
	Ir Y				177.1
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		7.40		3397	
Attestation	of Provider	Representat	tive		
	•				
				ved and am familiar with all requirements of	
Department	of Insurance a	and that all fac	cilities indicat	ed above are in compliance with the provisi	ons of that Rule 10 § 721.
(Pri	nted Provider	Representativ	e Name)	(Signature of Provider Re	epresentative)
(7	Title of Provide	er Representa	tive)	(Date)	



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PAYMENT REMITTANCE FOR ELECTRONIC SUBMISSION

This form is to be attached to a hard copy payment remittance made in association with the electronic filing of a continuing education program. This document MUST be attached to the payment for proper credit.

Provider Information: Provide the requested information for the provider the which payment is being remitted.	nat submitted the program(s) for
Provider Name:	
Provider FEIN Number: Louisiana Provider Number	r*:
Address:	
Contact Person:	<u> </u>
Phone: Fax	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Email Address of Contact:	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Amount of Payment Attached:	
* The provider number must be supplied by providers who have previously had a Department of Insurance. If the provider is a first-time applicant, leave this blank Program Titles: Provide the full titles and submission date for all programs remitted. Payment should be sent on the same day as the program s	
Program Title	
	ubmittal.