

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

Continuing Education Instructor

Pre-Licensing Instructor

PROVIDER INFORMATION

Provider Name	Provider Number
<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. Further, the individual named as an instructor has been approved by this Provider.</p>	
Print/Type Name of Provider Representative	Signature
Title	Date

INSTRUCTOR INFORMATION

Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
Have you been known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:			
Residence Street Address			
City	State	Zip Code	
Business Phone () ext.			
List professional designations, insurance license (type, date, state):			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<p>I certify 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.</p>			
Print/Type Name of Instructor	Signature	Date	

PLEASE PRINT OR TYPE - PHOTOCOPY AS NEEDED.

**Return this original completed form with course outline and timeframe, and/or course materials to:
Prometric, Attn: Continuing Education Processing, 7941 Corporate Drive, Nottingham, MD 21236**

Send a copy to: Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517
Instructor filing fee may be paid through Provider eServices account upon approval by Prometric.