



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

Continuing Education Instructor

Pre-Licensing Instructor

Provider Information

Provider Name	Provider Number	
I attest 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.		
Print/Type Name of Provider Representative	Signature	Date
()		
Title	Provider Phone #	Provider Email

Instructor Contact Information

Instructor Last Name	First Name	Middle Initial	Instructor Number (Leave Blank)
Mailing Address Line 1		Mailing Address Line 2 (Apt, Unit, Bldg. etc.)	
City	State	Zip Code	Phone Number () Ext.
Email Address			

Instructor Requirements

Have you ever been licensed under a different name in a different state? If so, please enter information below.

Last, First Name	Instructor # (if applicable)	NPN (if applicable)	State
Minimum requirements Instructor must meet the minimum requirements. Please check all that apply:			
<input type="checkbox"/> At least three years' working experience in the subject matter being taught. <input type="checkbox"/> Related degree or designation in the subject matter of course being offered. <input type="checkbox"/> Combination of both related to subject matter of course being offered.			
Course Concentration Please indicate the category you are requesting approval. check all that apply:			
<input type="checkbox"/> Annuity Suitability (Requires 4hrs. min.)	<input type="checkbox"/> Ethics	<input type="checkbox"/> Life Settlement	
<input type="checkbox"/> Annuities & Securities	<input type="checkbox"/> Flood (Requires 3hrs. min.)	<input type="checkbox"/> Personal Lines	
<input type="checkbox"/> Accident/Health	<input type="checkbox"/> General (All lines L, A&H, P&C)	<input type="checkbox"/> Property	
<input type="checkbox"/> Casualty	<input type="checkbox"/> LTC-Partnership (Requires 3hrs. min.)	<input type="checkbox"/> Professional Assoc.	
<input type="checkbox"/> Claims	<input type="checkbox"/> Life	<input type="checkbox"/> Variable Life/Annuity	

Instructor Acknowledgement

I attest 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.

Print/Type Name of Instructor

Signature

Date

Office use only

Date Received: _____ Completed Date: _____ NPN #(if applicable): _____

Different Name? Y/N: _____ If yes, Full Name: _____ Date Paid: _____

Notification Date: _____ Denial Reason (if applicable): _____

Application Checklist for Instructor Application

****ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE****

INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO RESUBMIT A COMPLETE PACKET.

Required Documents

- ❖ Instructor application Form CE.PL-200
- ❖ Resume or Biography

PROCESSING FEES
FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE

CONTINUING EDUCATION

CE COURSE FILING FEE.....	\$10
CE COURSE ACCREDITATION/RENEWAL FEE PER CREDIT HOUR.....	\$5
CE INSTRUCTOR REGISTRATION FEE.....	\$5
CE INSTRUCTOR RENEWAL FEE.....	\$5

NOTE

CE Course filing fee is \$10 per course plus \$5 per credit hour approved.

PRE-LICENSING EDUCATION

PRE-LICENSING COURSE FILING FEE.....	\$50
PRE-LICENSING COURSE RENEWAL FEE.....	\$50
PRE-LICENSING INSTRUCTOR FEE.....	\$5
PRE-LICENSING INSTRUCTOR RENEWAL FEE.....	\$5

Example

\$10 (1 CE App) + 25 (5 credits) = \$35

- ❖ All payments are made through eServices.
- ❖ For information on eServices please contact the KY DOI to DOI.AgentLicensingMail@ky.gov .
- ❖ Accepted payment methods by the KY DOI, Electronic Check, Visa, MasterCard, Discover and American Express

Methods of submission

By Email – all application packets are sent to the KY Insurance Inbox managed by PSI CE Staff KY-CEprocessing@psionline.com

By Mail: All applications must be sent by traceable courier to:

PSI Services
Attn: Continuing Ed. Dept.
450 North Stephanie Street
2nd Floor Suite#200
Henderson NV 89014