



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

- Continuing Education
 Pre-Licensing

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name		PSI Use	
Names and Titles of Owners or Officers (list below)			
<i>Name</i>		<i>Title</i>	
Address			
City		State	ZIP
Contact Person		Title	
Phone #:	Ext.	Fax #:	E-mail Address
URL: Website address	How long have you been in business?		FEIN
Type of Organization: (check one)	<input type="checkbox"/> Professional Organization <input type="checkbox"/> Insurance Agency/Brokerage/ Wholesaler	<input type="checkbox"/> Training Company <input type="checkbox"/> College/University <input type="checkbox"/> Insurance Company	<input type="checkbox"/> Government Entity
Providers who charge a fee must include approval from the Kentucky Commission on Proprietary Education. See Website at https://kcpe.ky.gov . Attach KCPE approval documentation.			
Have you operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,			
<i>Name</i>		<i>Address</i>	
I attest that I have read the Provider requirements for Kentucky Pre-License Training or Continuing Education Providers and agree to abide by them and will abide by Kentucky 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 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the termination of this Provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.			
Applicant's Signature		Date	
Print or Type Name		Title	