

Kentucky Department of Insurance

Provider Information Handbook
For Continuing Education and
Pre-Licensing Education



Administrative Services Provided by PSI



July 2024

Kentucky Department of Insurance Provider Information Handbook

Introduction

This handbook contains the information required for education course Providers to become approved, register instructors, and have their courses approved for Kentucky Insurance Continuing Education and Pre-Licensing Education.

PSI Services (PSI) administers this program through service contract with the Kentucky Department of Insurance (Department/DOI).

Providers and courses must be approved by PSI before courses may be taught for credit. Providers should submit courses for approval at least 60 days before their first presentation, to provide ample time for review.

Courses and instructors are not active until all fees have been paid through KY eServices.

The Kentucky Department of Insurance Provider eServices account is where all data is accessed. PSI will not provide a separate database of Kentucky Education Provider data.

Kentucky Department of Insurance no longer requires “course offerings” to be reported.

Providers will be required to understand the process for Kentucky course and instructor renewals and maintain their own course expiration date information.

Prelicensing Providers should be aware that Kentucky requires an insurance application, Kentucky criminal background report, prelicensing certification, and approval of the applicant PRIOR to applicants scheduling an examination. Students should not be encouraged to schedule an exam when prelicensing is completed. They must check state requirements first.

Program Requirements for Providers

These requirements have been adopted by the Kentucky Department of Insurance. Failure to comply with the program requirements may result in the suspension or termination of the Provider’s authorization to offer courses.

1. **New Providers – FIRST** - Courses being provided to Kentucky residents by any provider charging a fee, whether directly or by reimbursement methods, **must be approved by the Kentucky Commission on Proprietary Education** to offer educational type courses in the state. Contact the Commission on Proprietary Education at **502.564.4185** or go to the Website at <https://kcpe.ky.gov> for assistance. If you are required to register your entity with this Commission, you will be required to renew and maintain those requirements separately from DOI course and instructor renewal requirements.
2. All requests for approval of new or revised courses should be submitted at least 60 days before the initial offering of the course, to allow ample time for review.
3. Providers must publish and make their refund policy and course materials (outlines, syllabi, handouts, etc.) available to students.

4. Only courses approved by PSI may be offered for Kentucky CE or Pre-Licensing credit. No course may be conducted for credit until all fees are paid, and course is active with KY Department of Insurance.
5. Providers will advertise their own courses. And no course may be advertised or otherwise promoted as appropriate for Kentucky credit until it has been approved, and is active with DOI.
6. When a course has been approved for continuing education or pre-licensing credit and is advertised as such, the advertisement shall include:
 - The Provider name and course title;
 - The number of approved credit hours;
 - The type of insurance course concentration; and
 - All fees and associated expenses.
7. Once approved, a course may not be substantially altered without a new application (including fee) being submitted to and approved by PSI. 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.
8. Fifty (50) minutes will qualify for one CE credit hour. Registration, coffee and lunch breaks, and social hours do not qualify for CE credit. Breaks and their duration must be indicated on the outline. It is suggested that a ten-minute break be allowed for each 50 minutes of instruction or a 15-minute break after one and a half hours of instruction. For programs lasting six hours or more, a lunch break of at least 30 minutes is suggested.
9. Sixty (60) minutes will qualify for one Pre-Licensing hour. Registration, coffee and lunch breaks, and social hours do not qualify for credit. Breaks and their duration must be indicated on the outline.
10. No partial hours will be awarded for any type of course.
11. Providers of **pre-licensing** courses for agents must provide the student the original Certificate of Pre-licensing Course Completion, **KY Form CPL-01**, documenting the applicant's successful completion of the course, within 30 days of its completion. The Department also requires the Provider to promptly submit course completion through the eServices account.

NOTE: New Providers must request a copy of the KY Form CPL-01 from DOI directly. This form is only shared with the Provider main contact on file, and must be secured and never distributed in a format that can be altered by a student.
12. Providers of **continuing education** courses are required to promptly report course completions through eServices, and retain original course rosters and certificates of completion for five years. Providers must distribute course completion certificates, **KY Form CE-301**, to all individuals who complete the requirements of the CE course within 30 days of its completion. (806 KAR 9:025)

NOTE: New Providers must request a copy of the CE-301 from DOI directly. This form is only shared with the Provider main contact on file, and must be secured and never distributed in a format that can be altered by a student.
13. Providers may use their own version of sign-in roster for CE classroom courses. The roster must include the following information, typed or clearly printed:
 - The Provider name and KY Provider number
 - The course name and KY Course number

- The course date
- The KY-approved instructor name
- The attendee's name, signature sign-in, and either KY license number or National Producer Number (NPN)
- Providers must ensure the attendees receiving credit completed the course in its entirety.

All classroom courses must have attendance verified through periodic roll call, sign-in/sign-out sheet, attendance or door monitor tickets, or other approved means of taking attendance. Attendance records must be retained for five years.

14. Providers should make students aware that licensees cannot receive CE credit for both a self-study (examination) course and a classroom course based on the same published materials.
15. Licensees will earn credit only once for a course completed in their current biennium regardless of the number of times the same course is taken.
16. Instructors, who are licensees, may receive course credit only once for a course they instruct in their current biennium.
17. PSI course reviews are based on material received with the application. Applications that are incomplete, unclear, or lacking in detail are subject to delay and/or disapproval.
18. To be approved for ethics credits, the course content must be devoted solely to ethics content. Ethics content will not be approved in combination with other content areas.
19. For classroom courses, credit for time spent on review quizzes or exams covering approved material will be provided only if immediate feedback or discussion is provided to the participants.
20. For courses to qualify, they must:
 - Have substantial intellectual or practical content to enhance and improve the knowledge and professional competence of participants;
 - Be developed by persons who are qualified in the subject matter and instructional design;
 - Have current course content;
 - Have a written outline and study materials or texts;
 - Be taught by instructors qualified through training or experience to instruct courses competently; and
 - Have a means of evaluating quality.
21. Courses conducted as videoconferences must be submitted as classroom courses. A registered instructor must be present to respond to questions. A list of all locations must be submitted with the schedule.
22. 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, 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 must be submitted with the course materials. Self-study exams must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to 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.

23. Self-study examinations must be consistent with the course as approved by PSI. The proposed exam will be approved as part of the course approval process. The exam may be open book and does not require a proctor. **However, the exam should not have the ability to be printed or launched prior to completion of course material.** Course materials are required to be submitted with the application. Credit hours are determined by the estimated study time 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.
24. 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. Providers must provide PSI with the means to verify the exam procedures.
25. Course Providers must allow representatives of PSI and/or its designees, and employees of the Department and/or its designees, in an official capacity, to audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters, and other aspects of instruction. They may not be hindered, obstructed, delayed, or interfered with while conducting or attempting to conduct an audit. Audits will be conducted with a minimum of disruptions. Auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant PSI and the Department the right to audit and/or inspect course records at the premises of the Provider or at the physical location of the records.
26. Providers must keep all records of enrollments, records of examination, course records, and requests for duplicate course completion certificates on file for five years. These records must be available to PSI and the Department upon request.
27. Providers will periodically conduct an evaluation of their courses and instructors.
28. Providers must report to the Department any disciplinary action taken against that provider by another state licensing authority. The Department will share any disciplinary action taken against a provider with other states.
29. A correspondence or independent study course will be approved in accordance with the National Association of Insurance Commissioner's "Recommended Guidelines for Online Courses." 806 KAR 9:025.
30. Certain CE courses may be approved as Correspondence Towards Designation and will be credited as classroom study, due to the intensity of the material. The course must be required in order to obtain an insurance-related degree or designation (i.e., CLU) and prior approved as such.
31. **Webinar** courses must follow standard classroom policies in addition to the below stated rules:
 - Must be submitted as classroom 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.

Appeal Procedures

Occasionally, a Provider may dispute the outcome of an approval application or the findings of an audit. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Call PSI and discuss the disagreement with an Evaluator/Auditor, who will discuss the findings and try to resolve the issue by phone.
2. If the dispute cannot be resolved by phone, write the reason(s) for disagreement and reconsideration of the decision. PSI will respond to your appeal within 15 business days of receipt. Send appeals to: KY-CEprocessing@psionline.com.
3. If you disagree with PSI's response to your written appeal, you should then address your appeal, in writing, to the Kentucky Department of Insurance. State your reason for disagreeing with the PSI response and include copies of any correspondence. Your appeal will be reviewed and responded to within 15 business days of receipt. Send your appeal to:

DOI.LicensingMail@ky.gov

Or

**Kentucky Department of Insurance
Division of Licensing
P.O. Box 517
Frankfort, KY 40602-0517**

Course and Instructor Renewal

All Course and Instructor renewals must be completed through the Provider Kentucky eServices account. Providers may renew all, none, or any portion of their current courses and instructors throughout the January through June renewal period.

Continuing Education courses and instructors are renewed from January through June of **every even-numbered year**. Courses and instructors NOT renewed by June 30, will expire effective July 1 of each even-numbered year.

Prelicensing courses and instructors are renewed from January through June of **every odd-numbered year**. Courses and instructors NOT renewed by June 30, will expire effective July 1 of each odd-numbered year.

Each course and instructor to be renewed will have an active date of the previous year. Courses and instructors with an active date in the current year of January 1 or after, will not be due for renewal until the next appropriate renewal year.

Renewal notices are emailed / mailed to the contact on file, by mid-April as a reminder to renew through eServices. Courses and instructors not renewed will expire on July 1st of each even-numbered year. Providers should alert DOI with any contact changes immediately to ensure up-to-date information is on file to receive notifications.

To access course and instructor renewals through Provider eServices account, log in, and select “Continuing Education/Prelicensing Course Renewal” and “Continuing Education/Prelicensing Instructor Renewal” separately. You will be allowed to scroll through your listing of each to select which to renew.

Course and Instructor Submission

All course material submissions to PSI for approval, must include the completed KY Form CE/PL 100. To be considered for approval, the filing must clearly indicate whether it is a Continuing Education course or a Pre-Licensing course.

All instructor submissions to PSI for approval, must include the completed KY Form CE/PL 200. To be considered for approval, the filing must clearly indicate whether it is a Continuing Education instructor or a Pre-Licensing instructor.

The pre-licensing courses for agents and life settlement brokers must include 20 hours of actual training for each line of authority, less breaks, lunch, and exam or quizzes. One hour of credit equals sixty (60) minutes of classroom instruction. A Pre-Licensing course must cover the subject matter included in the Department’s current study outlines or their equivalent for the specific lines of authority or for life settlement pre-licensing training as required by 806 KAR 9:025.

Any of the materials in this packet may be photocopied.

All course and instructor submissions should be sent to:
KY-CEprocessing@psionline.com.

Payment for Courses and Instructors

Fees:

| | | | |
|---------------------------------|-------|---------------------------------------|----------------------|
| Pre-licensing course filing fee | \$ 50 | Pre-licensing course renewal fee | \$ 50 |
| Pre-licensing instructor fee | \$ 5 | Pre-licensing instructor renewal fee | \$ 5 |
| CE course filing fee | \$ 10 | CE Course accreditation / renewal fee | \$ 5 per credit hour |
| 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.

All Course and Instructor Payments

Fees (as listed above) must be paid through the Provider’s Kentucky eServices account only when PSI has completed the review, approved courses and instructors, assigned credit hours, and transferred the data to DOI.

NOTE: Data transfers take 24 hours to load in the Provider eServices account for opening payment ability.

From the eServices menu, select “Course and Instructor Pending Fees” to view the itemized amounts and total. The course and instructor active date will be the date all fees are paid to the Department of Insurance. (806 KAR 9:025)

Send course and instructor submissions to: KY-CEprocessing@psionline.com.

Kentucky participates in the **NAIC Uniform CE Reciprocity Agreement** and has extended the provisions of the agreement to **all** states for continuing education courses. If you are a Provider in any state outside of Kentucky, you may submit course approval applications based on this reciprocity.

For more information regarding Kentucky education information, or help with KY eServices accounts, please contact DOI at DOI.LicensingMail@ky.gov, or 502.564.6004.

PSI contact information:

Phone: 1-877-526-6833
E-mail: KY-CEprocessing@psionline.com
Address: PSI Services
Attn: Continuing Ed. Dept.
450 North Stephanie Street
2nd Floor Suite #200
Henderson, NV 89014

Application Checklist for CE Course 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.**

First step for New Providers

Courses being provided to Kentucky residents by any provider charging a fee, whether directly or by reimbursement methods, must be approved by the Kentucky Commission on Proprietary Education to offer educational type courses in the state. Contact the Commission on Proprietary Education at **502.564.4185** or go to the Website at <https://kcpe.ky.gov> for assistance. If you are required to register your entity with this Commission, you will be required to renew and maintain those requirements separately from DOI course and instructor renewal requirements.

KY Application - Self-Study

- KY Application
- Sample of Certificate of Completion
- Course purpose/objective
- Detailed outline with time allocations - include a copy of all materials that a student must study in order to pass the exam
- Sample promotional materials
- Sample test with answer key
- Bibliography – If using resources to create content
- Refund policy/Course Tuition
- Attestation/Affidavit

KY Application -Classroom

- KY Application
- Sample of Certificate of Completion
- Course purpose/objective
- Detailed outline with time allocations
- Sample promotional materials
- Bibliography – If using resources to create content
- Refund policy/Course Tuition
- Attendance Verification - Periodic Roll, Call, Attendee Audit, Sign-in/out Sheet, Attendance Ticket, Door Monitor

KY Application – (Webinar)

- KY Application
- Sample of Certificate of Completion
- Summary of course purpose/objective

- Detailed content outline with time allocations
- Sample promotional materials
- Bibliography – If using resources to create content
- Refund policy/Course Tuition
- ***Webinar Guidelines** – if you do not have a guideline created, please answer the following questions on pg. 2

NAIC Application

https://content.naic.org/cmte_d_pltf_uewg.htm

CER (NAIC) application

Home State Approval,

• **CLASSROOM/DISTANCE LEARNING/ SELF-STUDY** - detailed course outline with time allocations

***KY WEBINAR GUIDELINES**

Providers are required to indicate how a webinar course is administered. Below are the requirements the KY DOI requires for a webinar course. See handbook for more information.

REMINDER: No partial credit shall be granted for courses approved as a webinar course.

1. The course design must not permit the students to sit passively and observe instruction or read instructional material. **Describe how inactive participants are identified.**
2. Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course. **Provide procedure to allow participants the ability to ask/answer questions during the course.**
3. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than two methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. **Provide policy for use of polling questions and/or attendance verification codes.**
4. The provider must have a representative who monitors attendance throughout the course and that the student receiving the continuing education credit actually performed all of the work required to satisfactorily complete the course. When a student is deemed inactive or not fully participating, credit must be denied. The provider must inform each student in advance of course participation requirements and the consequences for failing to actively participate in the course. **Provide participant affidavits verifying identity and participation (include a sample affidavit).**
5. Have appropriate instructor and technical support to enable students to satisfactorily complete the course. The provider must maintain an electronic roster to include records for each student's log-in/log-out times. Chat history and interactive responses should be captured as part of the electronic records. **Provide method for record keeping for distance learning course attendance.**
6. Provider must provide students with an orientation or information package that contains all necessary information about the course subject matter and learning objective; procedures and requirements for satisfactory course completion, special requirements with regard to computer hardware and software or other equipment; and the availability of instructor or technical support. **Provide procedures on how to distribute System requirements and webinar protocol/procedures.**
7. Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course. Students must be able to interact in real time with qualified instructor(s). **Provide procedures on how students interact with Instructors in real time.**

**Kentucky Department of Insurance
NEW EDUCATION PROVIDERS
Provider Approval Application**

New Education Providers who charge a fee, whether directly or by reimbursement methods, must first be approved by the Kentucky Commission on Proprietary Education to offer educational type courses in the state. Contact the Kentucky Commission on Proprietary Education at 502.564.4185 or go to the Website at <https://kcpe.ky.gov> for assistance.

Once Proprietary Education approval has been received (if applicable), Providers may complete the Provider approval Form KYP-01 AND submit their first course, and instructor (if applicable) for review to PSI. PSI will assign a Provider number that will allow courses and instructors to be tracked by Provider.

A Kentucky Provider number is required to set up a Provider eServices account. New Providers should contact DOI when submitting the first course for review, and DOI will assist with the eServices account set up. DOI – DOI.LicensingMail@ky.gov – **502.564.6004.**

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

- Continuing Education Instructor
- Pre-Licensing Instructor

Provider Information

| | | | | |
|------------------------|------------------------|------------------------|--------|----------|
| Provider Name | | Provider Number | FEIN # | |
| Mailing Address Line 1 | Mailing Address Line 2 | City | State | Zip Code |
| Email Address | | Phone Number () | Ext. | |

Course Information

Course Title (maximum 40 characters)

| | |
|--|---|
| <p>Course Type (Please check method of instruction. See checklist for required documents.)</p> <p><input type="checkbox"/> Classroom (Workshop, Seminar)</p> <p><input type="checkbox"/> Self-Study (Correspondence, Recorded Media, On-Line Training, Video/Audio)</p> <p><input type="checkbox"/> Webinar (Teleconference, Virtual Class, Video Conference)</p> <p>Note: Each method requires a separate application</p> | <p>How will course attendance be verified?</p> <p><input type="checkbox"/> Sign-in/out Sheet</p> <p><input type="checkbox"/> Webinar Affidavit</p> <p><input type="checkbox"/> Final Exam</p> <p><input type="checkbox"/> Other: _____</p> |
|--|---|

Course Concentration (category): Please check the requested course concentration.

| | | |
|--|--|---|
| <input type="checkbox"/> Annuity Suitability (Requires 4hrs. min.) | <input type="checkbox"/> Ethics | <input type="checkbox"/> Life Settlement |
| <input type="checkbox"/> Annuities and 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 |

Note: Courses requesting credit for Ethics, Flood, Long Term Care Partnership, Annuities Suitability/Securities cannot be combined and must be filed separately.

How was this course prepared? Instructor-prepared outlines Published materials (requires bibliography)

| | | |
|---|--|--|
| <p>Is this course open to the public?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>Is this course towards a national designation?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, Designation type: _____</p> | <p>Number of credits requested (No partial credit allowed)</p> <p>_____</p> |
|---|--|--|

Provider Acknowledgement

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 program requirements established by the Kentucky Department of Insurance.

| | | |
|--|-----------|------|
| Print/Type Name of Provider Representative | Signature | Date |
|--|-----------|------|

Office use only

Date Received: _____ Completed Date: _____ Approved Category: _____

Approved Credits: _____ Approved Course Number: _____ Date Paid: _____

Notification Date: _____ Denial Reason: _____



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

| <u>Non-Contact / Asynchronous*</u> | <u>Contact / Synchronous*</u> |
|---|---|
| <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>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 | | | | | | |
| <i>Information Below is for Regulator Use Only</i> | | | | | | |
| 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.

AFFIDAVIT OF WEBINAR ATTENDANCE

Please complete the Affidavit of Webinar Attendance Form for each registered student that is requesting Continuing Education credit. **A single form may not be used to acknowledge the attendance of more than one registered student.**

This form must be **COMPLETED IN FULL by the attendee.** Failure to complete this form and return within the allotted amount of time may result in loss of credit.

| | |
|-----------------------------|--|
| Attendees Full Name: | |
| License Number: | |
| National Producer Number: | |
| State Requesting Credit IN: | |
| Webinar Course Title: | |
| Webinar Course Date/Time: | |

Acknowledgement of Personal Responsibility

I certify that I personally participated in and attended all sessions of the Webinar course referenced above.

Signature: _____

Date: _____

To ensure CE credit for the Webinar course referenced above this form must be completed and returned to (email address) within (#of hours/days) hours of the course taking place or before completion of course.



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

Continuing Education Instructor

Pre-Licensing Instructor

Provider Information

| | | |
|--|------------------|-----------------|
| Provider Name | | Provider Number |
| <p>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.</p> | | |
| Print/Type Name of Provider Representative | | Date |
| () | | Signature |
| 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: _____ Approved Category: _____

Approved Credits: _____ Approved Course Number: _____ Date Paid: _____

Notification Date: _____ Denial Reason: _____

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.LicensingMail@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



Expectations for KY Insurance CE course submissions

Below are the requirements for submitting a course to be reviewed for approval to teach continuing education to Kentucky Insurance producers. If all requirements are not met, the application will be rejected and will need to be resubmitted. These expectations will take effect 7/01/2024.

1. Application submitted must be current (Kentucky State Application, NAIC application).
2. Applications must be legible and complete. If any information is missing, not legible, the application packet will be rejected.
3. Application packets must contain all required supporting documentation based on the method of presentation selected and application used. (See Checklist)
4. All documents sent by email must be in PDF or Word format. Do Not send zip files or links to an outside source. Internal secure network policies do not permit access to these formats.
5. Processing time starts when we have a complete application packet. If you must resubmit an application packet, the processing time will restart from the date of the resubmitted application packet.
6. Any changes that need to be made to a course approval must be submitted within 30 days from the date of approval. If the request is submitted after the 30 days a new application packet will be required/requested. A Fee might be required as well.
7. If you are asked to resubmit any missing documentation, the complete packet is required to be resubmitted/resent within one week from the date on the notification email. Failure to comply will result in a denied application and a new course submission will be required.
8. If an application is physically mailed, the processing time will be longer. It is best to send all documents electronically.
9. All fees are non- refundable, non-transferable.