

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		FEIN	Prometric Use Only
Names and Titles of Owners or Officers (list below)			
<i>Name</i>		<i>Title</i>	
Address			
City		State	Zip Code
Contact Person		Title	
Voice Phone #:	Ext.	Fax #:	E-mail Address
URL: (Web site address)		How long have you been in business?	
Type of Organization: (check one)	<input type="checkbox"/> Insurance Company <input type="checkbox"/> Independent Provider	<input type="checkbox"/> Professional Organization <input type="checkbox"/> College/University <input type="checkbox"/> Government Entity	
<p>New Providers for the Commonwealth of Kentucky must include approval or exemption document from the Kentucky Commission on Proprietary Education. For additional information on this requirement, please visit that Web site at: www.kcpe.ky.gov or phone directly (502) 564-4185.</p>			
Have you operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,			
<i>Name</i>		<i>Address</i>	
<p>I certify that I have read the 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the termination of this Provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.</p>			
_____		_____	
Applicant's Signature		Date	
_____		_____	
Print or Type Name		Title	

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 copy to: Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517