

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

Continuing Education

Provider Information									
Provider Name				Provider Number			FEIN #		
Mailing Address Line 1		Mailing Address Line		ine 2	City	City		Zip Code	
Email Address			Phone Number ( ) Ext.						
Course Information									
Course Title (maximum 40 characters)									
<ul> <li>Course Type (Please check method of instruction. See checklist for redocuments.)         <ul> <li>Classroom (Workshop, Seminar)</li> <li>Self-Study (Correspondence, Recorded Media, On-Line Training, Video/Audio)</li> <li>Webinar (Teleconference, Virtual Class, Video Conference)</li> </ul> </li> <li>Note: Each method requires a separate application         <ul> <li>Course Concentration (category): Please check the requested course</li> </ul> </li> </ul>				Sign-in/out Sheet         Webinar Affidavit         Final Exam         Other:					
<ul> <li>Annuity Suitability (Requires 4hrs. min</li> <li>Annuities and Securities</li> <li>Accident/Health</li> <li>Casualty</li> <li>Claims</li> </ul>		Ethics       Life Settlement         Flood (Requires 3hrs. min.)       Personal Lines         General (All lines L,A&H,P&C)       Property         LTC-Partnership (Requires 3hrs. min.)       Professional Assoc.         Life       Variable Life/ Annuity						uity	
<ul> <li>Note: Courses requesting credit for Ethics, Flood, Long Term Care Partnership, Annuities Suitability/Securities cannot be combined and must be filed separately.</li> <li>How was this course prepared?          <ul> <li>Instructor-prepared outlines</li> <li>Published materials (requires bibliography)</li> </ul> </li> </ul>									
How was this course prepared?					ed material		r of credits		
public?						requested (No partial credit allowed)			
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						I	Date		
Office use only									
Date Received: Com	eceived: Completed Date: Approved Category:								
Approved Credits:       Approved Course Number:       Date Paid:         Notification Date:       Denial Reason:									
	Bomathoe								





# 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 <a href="https://kcpe.ky.gov">https://kcpe.ky.gov</a> 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.

### Each Method of Presentation must be submitted separately.

### **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
- Sign-in/out Sheet

#### 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 Affidavit
- **\*Webinar Guidelines** if you do not have a guideline created, please answer question in webinar guidelines.

#### NAIC Application

## https://content.naic.org/cmte\_d\_pltf\_uewg.htm

- CER (NAIC) application
- Home State Approval,
  - CLASSROOM/WEBINAR/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 distance-learning 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 three 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 foreach 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 regarding 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

## PROCESSING FEES FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE

## **CONTINUING EDUCATION**

## **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

**NOTE** 

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

### <u>Example</u>

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

- All payments are made through eServices.
- For information on eServices please contact the KY DOI to <u>DOI.AgentLicensingMail@ky.gov</u>.
- 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 <u>KY-</u> <u>CEprocessing@psionline.com</u>

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