



**Kentucky Insurance Continuing Education
(CE)/Pre-Licensing Education (PE)
Industry Day**

June 28, 2024



Agenda

- Introduction to PSI CE Processing Team/Management
 - ✓ Jason McCartney – Director Of Insurance
 - ✓ Ho Mun – Director, License Management Services
 - ✓ Sandra Banos – Sr. CE Specialist
 - ✓ Mark Barrera – CE Specialist
 - ✓ Cynthia Townsend - CE Specialist
 - ✓ Imeleta Tauilili – CE Specialist
- CE department contact information
- Expectations for submitting applications
- Processing Fees
- How to submit a course application packet
- What documents are required for a course submission
 - Kentucky Application
 - NAIC Application
- How to submit an Instructor application packet
- Reminders
- Q&A



PSI CE Department Contact information

PSI Services

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

Email: KY-CEprocessing@psionline.com

Office: +1 877-526-6833

Fax: +1 702-932-2666



Expectations for submitting applications

Below are the expectations for submitting a course to be reviewed for approval to teach continuing education to Kentucky Insurance producers.

These expectations will take effect Monday, July 1, 2024.

Note: We will provide ample time to get used to the new way of submitting application packets. However, please do your best to adhere to the expectations.



- All fees are non-refundable and non-transferable
- Application submitted must be current (Kentucky State Application, NAIC application).
- Applications must be legible and complete. If any information is missing or illegible, the application packet will be rejected.
- Application packets must contain all required supporting documentation based on the method of presentation selected. (Please see Checklist)
- All documents sent by email must be in PDF or Word format. Do Not send zip files or links to an outside source. Internal security network policies do not permit access to these formats.



- Processing time begins when PSI receives a complete application packet. If you must resubmit an application packet, the processing time will restart from the date of the resubmitted completed application packet.
- 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 may be required as well.
- 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.
- If an application is physically mailed, the receipt (of the materials) and processing time may take longer. It is best to send all documents and payments electronically.



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 DOI.LicensingMail@ky.gov.
- 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.



Submitting a CE/PE Course

- All application packets are to be sent to the Kentucky CE Inbox - KY-CEprocessing@psionline.com
 - Providers must submit courses for approval at least 60 days prior to their first presentation
 - The subject on the email must indicate content of the submission (New application, Status Check)
 - Course approval applications will be reviewed and approved or disapproved within 30 days of receipt of the completed submission
 - Body of email must contain
 - Provider ID
 - Provider Name
 - Number of applications submitted
 - Description of documents in packet
- ➔
- Kentucky course application
 - Course Outline/Objective
 - Promotional Materials
 - Attendance Sheet
 - Certificate of Completion
- **Note:** Please ensure that all documents are consolidated into a single PDF file when submitting multiple application packets. If you are unable to combine all documents into one PDF, send only one course application packet per email.



What is required to submit an application NAIC Application

All fields must be completed and signed

KY Application – Classroom

- Current KY Application Form CE/PL-100
- 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

TEAM KENTUCKY

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

Continuing Education Course
 Pre-Licensing Course

PLEASE PRINT OR TYPE. PHOTOCOPIY AS NEEDED.

Provider Name	Provider Number
Course Title (maximum 40 characters)	Course Number (Leave Blank)
Course Type: <input type="checkbox"/> Self-Study <input type="checkbox"/> Classroom <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Correspondence Towards Designation <input type="checkbox"/> Professional Association <input type="checkbox"/> Video/Audio <input type="checkbox"/> Teleconference <input type="checkbox"/> Computer Based Training (Classroom) <input type="checkbox"/> Computer Based Training (Correspondence)	<input type="checkbox"/> Correspondence <input type="checkbox"/> Webinar (Classroom) <input type="checkbox"/> Webinar (Correspondence)
How will classroom attendance be verified? <i>(check all that apply)</i> <input type="checkbox"/> Periodic Roll Call or Attendee Audit <input type="checkbox"/> Sign-in/out Sheet and Door Monitor <input type="checkbox"/> Attendance Ticket and Door Monitor Other _____	For classroom only, how many contact hours will students be required to attend class to receive credit? _____ Do you require an examination for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a summary description of the content and scope of the course below <i>(minimum 50 words)</i> :	
_____ _____ _____	
For classroom courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.	
Course Concentration Requested: Please check all that apply. <i>(Ethics course must be filed as separate course for Ethics credit to be granted.)</i>	
<input type="checkbox"/> Annuity Suitability (Federal Training Requirement) <input type="checkbox"/> Flood – NFIP <input type="checkbox"/> Life <input type="checkbox"/> Variable Life/Variable Annuity <input type="checkbox"/> Health <input type="checkbox"/> Personal Lines	<input type="checkbox"/> Annuities and Securities <input type="checkbox"/> Long Term Care Partnership Act <input type="checkbox"/> General Insurance Principles <input type="checkbox"/> Life Settlement <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Ethics <i>(Must be filed as separate course)</i>
Has this course been previously approved by PSI in another state?	If yes, provide PSI-issued course number.
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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
_____	_____

Form CE/PL-100



What is required to submit an application KY Application

All fields must be completed and signed

KY Application - Webinar

- Current KY Application Form CE/PL-100
- 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 the following questions on pg. 2



What is required to submit an application KY Application

All fields must be completed and signed

KY Application - Self-Study

- Current KY Application Form CE/PL-100
- 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



What is required to submit an application NAIC Application

All fields must be completed and signed

- Current NAIC application
- Home State Approval
- **CLASSROOM**- detailed course outline with time allocations
- **WEBINAR**- detailed course outline with time allocations
- **SELF-STUDY** - detailed course outline with time allocations

Adopted by the Producer Licensing (EX) Working Group Nov. 9, 2018
Adopted by the Producer Licensing (EX) Task Force Nov. 15, 2018

NAIC
National Association of Insurance Commissioners

UNIFORM CONTINUING EDUCATION RECIPROCALITY 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

Non-Contact / Asynchronous*		Contact / Synchronous*	
<input type="checkbox"/> Self-Study	<input type="checkbox"/> Classroom		
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Seminar/Workshop		
<input type="checkbox"/> On-Line Training (Self-Study)	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Recorded Media	<input type="checkbox"/> Webinar		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Virtual Class/Webinar/Video Conference		
Word Count _____	<input type="checkbox"/> Other _____		
Mandatory Run-time _____			
(Interactive Components of Course)			

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, Viatical, 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						

Information Below is for Regulator Use Only

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

**** 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.



Submitting an Instructor Application

All fields must be completed and signed

Minimum requirements

Instructor must meet the minimum requirements:

- ✓ At least three years' working experience in the subject matter being taught;
Or
- ✓ Related degree or designation in the subject matter of course being offered;
Or
- ✓ Combination of both related to subject matter of course being offered.

TEAM KENTUCKY

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

INSTRUCTOR INFORMATION			
Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
By what other names have you been known? If none, so state.			
Home Street Address			
City		State	ZIP
Business Phone () ext.			
List professional designations, insurance license (type, date, state):			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
Please indicate the category you are requesting for approval:			
<input type="checkbox"/> Annuity Suitability	<input type="checkbox"/> Annuities and Securities	<input type="checkbox"/> Property	<input type="checkbox"/> Ethics
<input type="checkbox"/> Flood - NFIP	<input type="checkbox"/> Long Term Care Partnership Act	<input type="checkbox"/> Health	
<input type="checkbox"/> Life	<input type="checkbox"/> Life/Health/Property/Casualty	<input type="checkbox"/> Personal Lines	
<input type="checkbox"/> Variable Life/Variable Annuity	<input type="checkbox"/> Life Settlement	<input type="checkbox"/> Casualty	
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	

Form CE/PL-200

psi Testing Excellence

Required Documents & Information

- ✓ Current Instructor Application CE/PL-200
- ✓ Include a resume or biography that specifies work experience in the subject matter being taught.
- ✓ All contact information must be current



Reminders

- 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 DOI.LicensingMail@ky.gov.
- 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.
- Send instructor application packet at least ten days before the first course the instructor teaches. Forms must be signed and dated by Provider's representative and by the instructor.
- All documents, questions, inquiries regarding CE/PE processing are sent to the KY inbox KY-CEprocessing@psionline.com
- All fees are non-refundable, non-transferable



Questions and Answers



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