## 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 certify that the information on this for at least the minimum qualifications re Further, the individual named as an ins	equired to be m	net by the individual na	med on this	
Print/Type Name of Provider Representative		Signature Date		
Title				
	INSTRUCTOR	INFORMATION		
Instructor Last Name	First Name			structor Number eave Blank)
By what other names have you been known?				
Residence Street Address				
City	State Z		p Code	
Business Phone		.1		
List professional designations, insuran		xt. date state):		
I have specialized experience in the fo	llowing subject i	mattar:		
Subject Matter	Years Experience		Designated Degree	
	<del></del>			
Please indicate the category you are requesting	:			
Annuity Suitability	Annuit	Annuities and Securities		Ethics
Flood – NFIP		Long-Term Care Partnership Act		
Life		Life/Health/Property/Casualty		nes
Variable Life/Variable Annuity	Life Se	Life Settlement		
I certify that the information on this f accurately represents my qualification subject to verification through the au program requirements regarding insura	s to teach insur Idit process. I a	rance courses. I unders agree to abide by all I nce continuing education	stand the info	rmation on this form is tutes, regulations, and ensing education.
Print/Type Name of Instructor		Signature		Date