NAIC 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				Federal Tax ID # (FEIN/SSN)	
Contact Person	E-mail Address of Contact Person			Is Provider an Insurer? ☐ Yes ☐ No	
Phone Number ( ) - ext.	Fax Number ( ) -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address	City	State	Zip Code		

I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours.

Course Information

Course Title Date of Course Offering (if applicable)	Is this course open to Public? ☐ Yes ☐ No

Method of Instruction		***National Course***
Self-study ☐ Correspondence ☐ On-line Training (self study) ☐ Video/Audio/CD/DVD	**Classroom** ☐ Seminar/Workshop ☐ On-line Training (facilitated) ☐ Teleconference ☐ Other_____	**National Insurance Designation?** ☐ Yes ☐ No Designation Type:
☐ Word Count _____ ☐ Difficulty (Circle) Basic Intermediate Advanced		**Course offered by Higher Education Institution?** ☐ Yes ☐ No
Examination Required? ☐ Yes ☐ No		

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs. Requested by Provider		Hrs. Approve by Home State		Hrs. Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales/Mktg	Insurance
A. Insurance Topics:						
Accident/Health						
Casualty						
Ethics						
General Insurance Principles (All Lines)						
Insurance-related Laws						
Life						
Long Term Care						
Personal Lines						
Property						
Variable Life and Annuity						
Viatical Settlement						
Other (Specify)						
Total Hours						
B. Adjuster Topics *(Total Hours)*						

Approval/Disapproval date		
Course number assigned *(if course is approved)*		
Course approval expiration date *(if course is approved)*		

Home State disapproval reason *(if disapproved):*

Signature of Home State Regulator/Representative:

Reciprocal State Regulator/Representative disapproval reason *(if disapproved):*
Signature of Reciprocal State Regulator/Representative:

See State Matrix for Instruction Sheet and State Specific Fee Schedule

Instruction Sheet

NOTE: This course may **NOT** be advertised or offered in the state to which application has been made until approval has been received from that state's 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. If a course may also be used to satisfy a Home State or Reciprocal State's adjuster continuing education requirements, enter the total number of hours of adjuster-relevant education in the "Adjuster Hours" row. "Insurance Hours" and "Adjuster Hours" should be treated independently. For example, if a course has 12 hours of insurance-topic instruction, of which 10 hours is adjuster-relevant, the "Insurance Hours" should total to 12, and you would enter 10 for "Adjuster Hours."

1.4. Submit the application form along with required course materials, a detailed course outline, instructor information and the required course application fee.

2. If you are the Home State or the designated representative of the Home State:

2.1. After reviewing the course materials, in the "Credit Hours Requested and Course/Hours Decision" section, complete the "Hrs. Approved by Home State" column. If the state does not permit a certain category of instruction to be approved, enter a zero (0) in the corresponding row. If the course is disapproved in its entirety, all the entries in the "Hrs. Approved by Home State" should be zeroes.

2.2. Enter the date of approval/disapproval, course number assigned, course approval expiration date, attach home state approval form, sign the CER form, if you wish, in the "Signature of Home State Regulator/Representative" field. If the course is disapproved, write a brief description in the "Home State disapproval reason" field.

3. If you are a Provider filing for approval from a Reciprocal State:

3.1. Make a sufficient number of photocopies of the Home State approved form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.

3.2. 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.

3.3. Send the application, home state approval, 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 which must include date, time, each topic and even location. To determine the state requirements for course instructor information, please see **State Matrix**. (www.naic.org/urtt/midwest_zone/midwest_zone_continuing_educatio.htm)

***National Course** is defined as an approved program of instruction in insurance related topics including a course leading to a national professional designation or an insurance course at an institution offered as part of a degree-conferring curriculum, presented by an approved CE Provider Organization.

3.4 Subsequent National Course offerings should be reported only to the state where licensees are seeking credit.

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." If the Reciprocal State does not permit a certain category of instruction to be approved, enter a zero (0) in the corresponding row. If the course is disapproved in its entirety, all the entries in the "Hrs. Approved by "Reciprocal State" should be zeroes.

4.2. Enter the date of approval/disapproval, course number assigned (if course is approved), course approval expiration date (if course is approved), and sign the application in the "Signature of Reciprocal State Regulator/Representative" field. If the application is disapproved, write a brief description in the "Reciprocal State Regulator/Representative disapproval reason" field.

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