



## LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

### INSTRUCTIONS FOR APPLICATION FOR PRODUCER PRELICENSURE EDUCATION PROGRAM CERTIFICATION

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Questions about the preparation of this application or prelicense education program requirements, may be directed to this Department at (225) 342-0860 or via email at [producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov).

- 1) Initial applications for education programs must be submitted no less than thirty days prior to the first scheduled presentation of the program. Applications for renewal of an education program must be submitted no less than thirty days prior to the expiration of the certification of the program. Approvals are valid for three years.
- 2) The Louisiana Department of Insurance (LDI) encourages electronic submission of the application via email. An application submitted in this manner must be submitted to [producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov) to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to the address above. The form entitled Payment Remittance for Electronic Submission must be completed and submitted along with all payments where the application is submitted electronically.
- 3) An application submitted electronically must include a completed and signed application form. The documents may be imaged using any of the standard image formats such as .pdf or .tif formats. An application submitted hard copy must include original signatures.
- 4) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. All correspondence must be sent to the attention of the Education Review to assure prompt receipt and handling. Our mailing address is 1702 N. Third St. Baton Rouge, LA 70802.
- 5) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 6) Do not alter the forms contained in this packet. If you feel the requirements do not apply to the applicant notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.



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### PRELICENSURE EDUCATION PROGRAM FILING CHECKLIST

This checklist is provided to assist you with the preparation of your course filing to ensure all required items are included. It does not need to be submitted to LDI.

**In addition to a completed application, the following items are required to be included in your filing:**

- Detailed description of the program
- List of resource material
- Description of any training aids
- Copies of any textbooks, handouts or other student materials
- timed schedule of the program which clearly indicates the time spent on each subject for which credit is being requested. This schedule must also be cross-referenced with the current examination content outline
- Description of the method used to determine student mastery of material before being permitted to proceed to next section or to complete program

#### **Additional Items for Online Self-Study Courses (Initial and Renewal):**

- Description of the method used to prevent access to course exam before completing course material
- Description of the measures used by the provider to verify the identity of the candidates
- Description of technical support available to students, including business hours of support and proposed response time to inquiries
- User ID and log-in credentials to permit LDI staff review of the program

#### **Additional Items for Classroom/Webinar Courses with A Live Instructor (Initial and Renewal):**

- Education Program Presentation Schedule



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## APPLICATION FOR PRODUCER PRELICENSURE EDUCATION PROGRAM CERTIFICATION

### **Provider Information:**

Provider Name: \_\_\_\_\_

Provider FEIN Number: \_\_\_\_\_ Louisiana Provider Number\*: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address of Contact: \_\_\_\_\_

Program Title: \_\_\_\_\_

*\* The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.*

**Application Type:** Indicate the type of application. If this application is for the renewal of a program, indicate the Program or Course number previously assigned by the Louisiana Department of Insurance.

First-time Application  Renewal Program # \_\_\_\_\_

**Producer Lines of Authority Type:** Check the line for which program approval is being requested. (one only)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Life (20 hours)                                   | <input type="checkbox"/> Property (20 hours)            | <input type="checkbox"/> Personal Lines (20 hours) |
| <input type="checkbox"/> Accident & Health or Sickness (20 hours)          | <input type="checkbox"/> Casualty (20 hours)            | <input type="checkbox"/> Title (20 hours)          |
| <input type="checkbox"/> Life and Accident & Health or Sickness (40 hours) | <input type="checkbox"/> Property & Casualty (40 hours) | <input type="checkbox"/> Bail (8 hours)            |

**Method of Instruction:** Choose the method below which best describes how the material will be presented.

Classroom/Lecture  Self- Study – Correspondence  
 Web-based Seminar (Webinar)  Self-Study – Web-based

**Method of Determining Successful Completion:** Choose the option below which best describes the method used to determine that a licensee has successfully completed the program. If you choose "Other" you must provide a detailed explanation of the method to be used.

Final Exam - Supervised

Attendance

Final Exam - Unsupervised

Other \_\_\_\_\_

**Schedule, Location and Fee:** If the program is not self-study, provide the scheduled date, time and physical location of the presentation of the program and the cost of the program to each participant. If the program will be presented multiple times, list only the first scheduled presentation hereon and submit a Program Presentation Schedule for all other occurrences.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location Address: \_\_\_\_\_  
\_\_\_\_\_

Cost to Participant: \_\_\_\_\_

Is this presentation open to the public?

Yes  No

If no, provide a brief explanation of who is eligible for attendance.

**Attachments:** All of the following must be attached to this application.

- 1) a detailed description of the program
- 2) a list of resource material
- 3) a description of any training aids
- 4) copies of any textbooks, handouts or other student materials
- 5) a timed schedule of the program which clearly indicates the time spent on each subject for which credit is being requested. This schedule must also be cross-referenced with the current examination content outline
- 6) a description of the method used to determine student mastery of material before being permitted to proceed to next section or to complete program
- 7) a description of the method used to prevent access to course exam before completing course material (self-study programs only)
- 8) a description of the measures used by the provider to verify the identity of the candidates
- 9) a description of technical support available to students, including business hours of support and proposed response time to inquiries (self-study programs only)
- 10) a User ID and log-in credentials to permit LDI staff review of the program (self-study programs only)

**Attestation of Provider Representative**

I, the undersigned, do hereby attest that all of the information contained in this application and all attachments hereto are true and correct. I do further attest that I am familiar with the requirements of the Louisiana Insurance Code and regulations relative to education requirements and confirm that the provider and program presented in this application are compliant with all provisions thereof.

\_\_\_\_\_  
(Printed Provider Representative Name)

\_\_\_\_\_  
(Signature of Provider Representative)

\_\_\_\_\_  
(Title of Provider Representative)

\_\_\_\_\_  
(Date)



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## EDUCATION PROGRAM PRESENTATION SCHEDULE

**This completed form must be filed with the Louisiana Department of Insurance no less than three (3) days prior to presentation of an approved education program.**

Submit to [producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov)

**Provider Information:** Provide the indicated information for the program and provider of the program.

Provider Name: \_\_\_\_\_

Provider FEIN Number: \_\_\_\_\_ Louisiana Provider Number\*: \_\_\_\_\_

Program/Course Number: \_\_\_\_\_

\* The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.

**Schedule Information:** Provide the requested information for the scheduled presentation of the program.

| Start Date | End Date | Start Time | End Time | Physical Address of Presentation | Instructor(s) |
|------------|----------|------------|----------|----------------------------------|---------------|
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |
|            |          |            |          |                                  |               |

### Attestation of Provider Representative

I, the undersigned, do hereby attest that I have reviewed and am familiar with all requirements of the Louisiana Department of Insurance and that all facilities indicated above are in compliance with those provisions.

\_\_\_\_\_  
(Printed Provider Representative Name)

\_\_\_\_\_  
(Signature of Provider Representative)

\_\_\_\_\_  
(Title of Provider Representative)

\_\_\_\_\_  
(Date)



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### PAYMENT REMITTANCE FOR ELECTRONIC SUBMISSION

**This form is to be attached to a hard copy payment remittance made in association with the electronic filing of an education provider or program. This document MUST be attached to the payment for proper credit.**

***Provider Information:*** Provide the requested information for the provider that submitted the program(s) for which payment is being remitted.

Provider Name: \_\_\_\_\_

Provider FEIN Number: \_\_\_\_\_ Louisiana Provider Number\*: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email Address of Contact: \_\_\_\_\_

Amount of Payment Attached: \_\_\_\_\_ Check # \_\_\_\_\_

*\* The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.*

#### ***Submission Type***

Provider Approval or Renewal (\$250) Date Submitted \_\_\_\_\_

Prelicense Course Filing (\$25) Date Submitted \_\_\_\_\_