



# LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

## INSTRUCTIONS FOR APPLICATION FOR CONTINUING 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 continuing education program requirements, may be directed to this Department at (225) 342-0860 or via email at [cefilings@ldi.la.gov](mailto:cefilings@ldi.la.gov). You may also find information about continuing education program requirement on our website at [http://www.lidi.state.la.us/Licensing/Producer/cont\\_ed.html](http://www.lidi.state.la.us/Licensing/Producer/cont_ed.html).

Applications submitted hard copy and all payments should be submitted to

Louisiana Department of Insurance  
Continuing Education Review  
1702 North Third St.  
Baton Rouge, LA 70802

- 1) Initial applications for continuing education programs must be submitted no less than thirty days prior to the first scheduled presentation of the program. Applications for renewal of a continuing education program must be submitted no less than thirty days prior to the expiration of the certification of the program.
- 2) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to [cefilings@ldi.la.gov](mailto:cefilings@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 Continuing Education Review to assure prompt receipt and handling.
- 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.
- 8) Every program which is not self-study should designate at least one supervising instructor who is responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program. This supervising instructor must meet the requirements of Rule 10 § 719.



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## APPLICATION FOR CONTINUING 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 # \_\_\_\_\_

**License Type:** Check all of the license types for which program approval is being requested.

Producer – Life  Producer – Personal lines  
 Producer – Health and accident  Producer – Bail bond  
 Producer – Property  Producer – Title  
 Producer – Casualty  Adjuster

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

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

**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 \_\_\_\_\_

**Program Concentration:** Below provide a breakdown of the number of hours being requested for each subject and enter the total number of hours requested for the program. Credits are awarded in 1 hour increments. The timed outline attached to this application must support the number of requested hours.

<i>Subject</i>	<i>Hours Requested</i>
General Insurance Principles	
Ethics	
Flood	
Long-term Care Insurance	
Annuities	
Consumer Finance Protection (for title producers)	
<b>Total Hours Requested</b>	

**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.

**Professional Designation Applicability:**

Is the program to be used to obtain or maintain a professional designation? If yes, what designation?                       Yes     No

**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 relative to continuing education requirements and the provisions of Rule 10 of the Louisiana Department of Insurance 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)

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

**Program Overview** – Provide an overview of the program including a list of resource material to be used, a description of the training aids to be used, detailed description of the program and a timed outline of the program which clearly indicates the time spent on each subject for which credit is being requested.

**Textbook/Student Materials-** Provide a copy of textbook, handouts or other materials to be presented to the student.

**Instructor Information** – If the program is not a self-study program, attach a fully completed Continuing Education Instructor Information form for each instructor for the program. The proper form is attached. For any instructors of the program added after approval of the program, the completed form must be supplied no less than thirty days prior to a presentation of the program by that instructor.

**Online Access to Self-Study Courses-** If the program is a web-based self-study course, provide the necessary access codes to view complete online program. Full course access is required.

**Program Presentation Schedule-** If the program is not a self-study program and will be presented multiple times, provide a copy of a fully completed Continuing Education Program Presentation Schedule for each presentation scheduled at the time of this application. For any presentations not include in this application, the provider must submit a complete Program Presentation Schedule no less than three days prior to the presentation.

**Fee** – Program approval fee of \$25.00. If the provider is a first-time submitter, a fee of \$250.00 must also be submitted.



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## CONTINUING EDUCATION INSTRUCTOR INFORMATION

**Provider Information:** Provide the requested information for the program provider and indicated the program (s) which the instructor will be presenting.

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

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

Program /Course Number(s): \_\_\_\_\_

\* 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.

**Instructor Identification Information:** Provide the requested information for the instructor. You must provide the full legal name of the instructor including the middle name.

Instructor Name: \_\_\_\_\_

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

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

Current Occupation: \_\_\_\_\_

**Education and Training:** Provide the requested information regarding the education of the instructor and any additional insurance or educational training which qualifies the instructor to teach the program and present the instructional material. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.

School or Training Facility Name	Dates Attended	Degree or Professional Designation Obtained

**Membership in Professional Societies and Associations:** Provide the requested information regarding membership in professional societies or associations which contribute to the ability of the instructor to teach the program and present the instructional material. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.

Name of Professional Society or Association	Dates of Membership

**Other Qualifications:** Briefly describe any other qualifications, training, employment or skills which contribution to the ability of the instructor to teach the program and present the instructional material. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.

**Professional Licenses:** Provide the requested information for all professional licenses which the instructor may hold in any state or jurisdiction. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form.

License Type	State/Jurisdiction	License #	Date Issued

**Interrogatories:** Provide responses to the questions below and include any supplemental information requested.

Is the instructor currently licensed as an insurance producer or adjuster in the state of Louisiana? If yes, provide the Louisiana license number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the instructor ever been the subject of disciplinary or regulatory action for insurance related practices by the insurance department of any state or any similar state or federal regulatory body? If yes, provide a full explanation for and a copy of the action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the instructor ever been the subject of other action which is required to be disclosed in compliance with the Rule 10 of the Louisiana Department of Insurance §715 A 6? If yes, provide a full explanation for and a copy of the action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this instructor be a supervising instructor responsible for the conduct of other instructors or guest instructors and responsible for assuring the quality of the instructional program? If no, provide the full name of the supervising instructor responsible for the conduct of this instructor.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Attestation of Instructor**

I, the undersigned, do hereby attest that all of the information contained in this application and all attachments hereto are true and correct.

\_\_\_\_\_  
(Signature of Instructor)

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



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**CONTINUING 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 continuing education program.**

**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 Rule 10 of the Louisiana Department of Insurance and that all facilities indicated above are in compliance with the provisions of that Rule 10 § 721.

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

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

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

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

