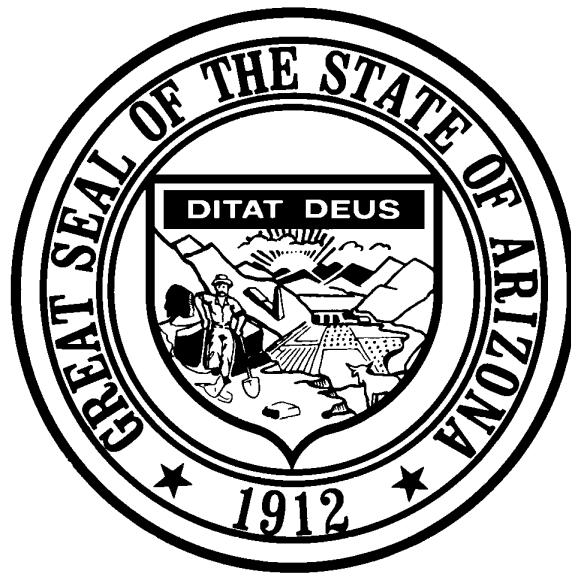


Arizona Department of Insurance

Continuing Education Program Provider Information Packet



Administrative Services Provided by Prometric

PROMETRIC



January 2011

Arizona Department of Insurance Continuing Education Program Provider Information Packet

Contents

| | |
|---|----|
| Introduction | 1 |
| Summary of Provider Requirements..... | 3 |
| Appeal Procedures..... | 6 |
| | |
| Provider Information | |
| Instructions for Completing the Provider Approval Application..... | 7 |
| Provider Approval Application | 9 |
| | |
| Course Information | |
| Instructions for Completing the Course Approval Application | 10 |
| Course Approval Application | 12 |
| Instructions for Providers Eligible for NAIC CE Reciprocity..... | 13 |
| NAIC Reciprocity Standard Continuing Education Filing Form | 14 |
| Sample Acceptable Course Outline | 15 |
| Sample Unacceptable Course Outline..... | 16 |
| Sample Student's Affidavit of Personal Responsibility for Self-Study Courses..... | 17 |
| | |
| Instructor Information | |
| Instructions for Completing the Instructor Registration..... | 18 |
| Instructor Registration Form | 20 |
| | |
| Miscellaneous Forms | |
| Instructions for Completing the Course Completion Certificate | 21 |
| Arizona Certificates of Compliance for Students | 22 |
| Arizona Certificates of Compliance for Instructors..... | 23 |
| Instructions for Roster Reporting | 24 |
| Course Roster (AZCR-01) | 25 |
| Course Offering Schedule..... | 26 |
| Fee Worksheet..... | 27 |

Arizona Department of Insurance Continuing Education Program

Introduction

The State of Arizona has contracted with Prometric to perform CE provider and CE course review services on behalf of the Arizona Department of Insurance (Department). In addition, Prometric registers instructors. Prometric handles all transactions and inquiries for approved CE providers and courses, e.g. course revisions, changes to CE provider information, etc. **The Department handles all transactions relating to licensee name and address changes, licensee CE credit reporting, and license renewals.**

Providers and courses must be reviewed and approved by Prometric. Courses must be submitted to Prometric at least 30 days before being presented for the first time. Providers will be approved for a five-year period and must be renewed for each succeeding five-year period. Courses will be approved for a two-year period beginning on the date of approval and must be renewed for each succeeding two-year period. A provider who is using individual instructors must register the instructors. Prometric will send provider and course renewal notices 60-90 days before they expire. Instructor registrations are not subject to renewal.

Providers are required to transmit to Prometric a course schedule at least 15 days in advance of the each course administration, and each provider is required to transmit course completion rosters (which contain information identifying who completed each course), within 15 calendar days after the end of each course administration.

Arizona participates in the NAIC CE Reciprocity Agreement. If you are a provider domiciled in a participating state, you may submit course approval applications based on this reciprocity. See the instructions on Page 13.

Prometric categorizes credits within courses into General Insurance and Law, Ethics, Flood, Long Term Care and Crop categories.

Fees:

| | |
|-------------------|--------|
| Provider approval | \$250 |
| Provider renewal | \$250 |
| Course approval | \$60 |
| Course renewal | \$60 |
| Haste approval | \$55 |
| Roster submission | No fee |

All CE fees may be paid using American Express, Visa or MasterCard. Fees are nonrefundable.

For detailed information, contact:

| | |
|--|--|
| Prometric Phone: 800.899.4184 E-mail: Pro.ce-services@prometric.com Website: www.prometric.com | Arizona Department of Insurance Phone: 602.364.4457 E-mail: licensing@azinsurance.gov Website: www.id.state.az.us |
| <ul style="list-style-type: none">• CE provider and course applications• CE instructor registrations• Full list of approved courses and providers (call and request by faxback)• Customized list of approved courses and providers (use the Website)• Changes to provider information• Revisions to courses• Course schedule and licensee credit reporting | <ul style="list-style-type: none">• License renewals• Mailing list of licensees (fee required)• Licensee name and address changes Individual address changes should be completed using IPLUS located at https://az.gov/webapp/doi/ or NIPR at https://www.nipr.com/ACR/SignIn |

Note: Licensees may request customized lists of approved providers and courses at Prometric's Website. <https://ceo.experioronline.com/Features/ApprovedCourses/ACLMain.asp>

Licensee Compliance

- In order to be eligible to renew a license, an Arizona resident insurance producer or managing general agent must complete Arizona's insurance continuing education requirements if the licensee held a nonresident insurance license in another state *at any time* during the expiring Arizona license period.
- A nonresident insurance producer or managing general agent only needs to fulfill Arizona's continuing education requirements if the nonresident's home state imposes its continuing education requirements upon our resident licensees. As of the date of this publication, nonresidents are not required to complete Arizona continuing education because no other states impose continuing education requirements on Arizona residents.
- If a licensee is required to complete CE they must earn 40 credit hours during the expiring license period (regardless of whether the person is a single-line or multi-line licensee).
- Excess credits do not carry over from one license period to the next.
- Credits may only be applied to one license period.
- A person may only earn credits for a particular course once during a license period (a licensee may not earn duplicative credits for retaking a course during a license period).

More information, including the material in this packet, is available at Prometric's Website:

www.prometric.com/arizona.

For further information, contact Prometric by:

Phone: **800.899.4184**

E-mail: **Pro.ce-services@prometric.com**

Website: **www.prometric.com**

Arizona Department of Insurance Continuing Education Program

Summary of Arizona Insurance Continuing Education Provider Requirements

General Program Information and Requirements

1. Providers must submit all requests for course approval at least 30 days before their use. **You may request a haste course review by paying an additional \$55.00 fee per course/provider application. A course/provider application is assured within three business days.**
2. Providers must publish and abide by a refund policy. The refund policy is to be submitted with the provider approval application (unless no course fee is charged to a student). A policy of no refunds is unacceptable.
3. No course may be advertised or otherwise promoted as appropriate for Arizona CE credit until it has been approved in writing. Advertising a provider or course as being offered for CE credit before approval of the provider/course is grounds for disqualification as a provider. Courses may be advertised as "pending approval" after being submitted.
4. Once approved, a course may not be substantially altered without a new application (including fee) being submitted to and approved by Prometric. A substantial alteration is any change that would modify the content or time allocations stated in the course outline or would change any of the course topics. A change in the focus of a course where all or significant portions are based on a particular concept (ISO policy form, policy type, etc) would be considered substantial. A change to update a minor point (change in Medicare deductibles, changes in estate tax limits, etc.) would not be considered substantial.
5. Fifty (50) minutes of instruction will qualify for one CE credit. Registration, coffee and lunch breaks, and social hours do not qualify for CE credits and must be excluded from the CE credits requested.
6. No partial credits will be awarded. Anything less than 50 minutes will be rounded down.
7. A course that is approved in 5 or more other states will be automatically approved in Arizona with the submission of an Arizona course approval application (course outline or self-study material); the Arizona course approval fee; & evidence of the other state approvals with the submission. Credits will be awarded according to Arizona content guidelines. A minimum of 1 credit hour will be awarded in every case.
8. No more than 10 hours of classroom course credit may be awarded for one day of instruction.
9. The approval of a provider found to have issued a certificate of compliance to an individual who did not complete a course shall be revoked and individuals involved in the issuance of fraudulent certificates of completion may be prosecuted. A licensee found to have submitted a certificate of compliance for a course the licensee did not complete should be subject to administrative action, which may include license revocation and/or the imposition of civil penalties.
10. Licensees will earn credit only once for a course completed in a license term. However, the licensees may take the same course again in a subsequent license term and receive credit. Licensees cannot receive CE credit for both a self-study (examination) course and a classroom course based on the same published materials within the same license period.
11. Course reviews are based on material received with the application. Applications that are incomplete, unclear or lacking in detail may be returned without action.
12. Providers must keep all records of attendance, records of examination, course records and requests for duplicate certificates of compliance on file for five years after the year in which the course was held. These records must be available to the Department upon request.
13. Providers must report changes of names; owners or officers; addresses; provider director; phone and fax numbers; e-mail address; and disciplinary actions arising out of any jurisdiction to Prometric within 14 days of the change.
14. Providers must report to the Department any disciplinary action taken against that provider by another state licensing authority.
15. Providers who disagree with Prometric's decisions may use the appeal process found on Page 6.
16. Providers must agree to inform Prometric of the date, time and location of each classroom session, conference and convention, at least 15 days prior to presenting. Further, Prometric must be notified immediately when a change is made in date, time and/or location. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked. In addition, if a roster is submitted that

does not have a course schedule offering, the roster will be rejected.

17. Providers are required to provide course completion rosters to Prometric within 15 calendar days of course completion. The roster must include the name and Arizona license number of each licensee. Providers who fail to report course completion rosters in a timely manner may be subject to sanctions for non-compliance. Course completion rosters can be easily reported through Prometric's Website.
18. Providers must distribute course certificates of compliance to all individuals who meet the requirements of the CE course within seven days of the conclusion of a course. Providers are able to use the Prometric Website to produce certificates of compliance when using the Website to report roster information for the course. Each certificate must contain the name and Arizona license number of the licensee, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by the licensee, and the name and identification number of the provider. Only the certificate provided by Prometric, with the Arizona State seal, is considered valid for licensee CE reporting purposes.
19. Course providers must agree that representatives of Prometric and/or its designees, and employees of the Department and/or its designees, in an official capacity, may audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters and other aspects of instruction. These auditors will not be interfered with while conducting or attempting to conduct an audit. Audits will be conducted with minimal disruption. Providers agree that auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant Prometric and the Department the right to audit and/or inspect these records at the premises of the provider or at the physical location of such records.

Qualifying/Non Qualifying Course Subjects

20. To qualify for approval, a course must be designed to develop or expand technical insurance skills and knowledge.
21. The following subjects will qualify for approval: Rating, tax laws (specifically related to insurance), policy contents, proper uses of products, ethics, risk management, pre-license training, Arizona insurance code and administrative rules, technical information related to the insurance license, errors and omissions, estate planning/taxation, wills and trusts, and financial planning. Management content directly related to insurance may be approved.
22. The following subjects will not qualify for approval: Sales, motivation, prospecting, psychology, communication skills, supportive office skills (typing, filing, computers, etc.), personnel management, recruiting, and other subjects not related to the insurance license.

Classroom Courses

23. Providers must submit registration forms certifying that instructors are qualified and competent.
24. An instructor may earn double credit hours for teaching a classroom course for five or more students once per course within a licensing period. Please note that instructors will earn double credit hours only during the first 2 years after a course's approval date. A separate Certificate of Compliance for instructors will be provided for this period. Thereafter, if a course has renewed, instructors will only receive the number of credits assigned to the course and they should be provided the same Certificate of Compliance given to students.
25. Providers must require attendees of a classroom CE course to sign in upon entering the course and to sign out after the course is finished. Providers must also require each attendee to show a state-issued photo identification (e.g. driver's license) from which the provider must record the ID.
26. Providers are required to provide certificates of compliance within one week after the course is completed. Licensees will demonstrate to the Department compliance with continuing education requirements by submitting certificates of compliance or a printout of their CE transcript available on Prometric's website along with their paper license renewal applications.
27. Courses conducted as videoconferences must be submitted as classroom courses. A qualified instructor must be present to respond to questions.

Self-Study Courses

28. Applications for self-study courses must include a copy of all materials that a student must study in order to pass the exam. The materials may be in the form of paper, diskette, CD or other electronic medium. In addition, a word count excluding glossaries, indexes, tables of contents and appendices must be included. If the required materials and information are not included, the course may be disapproved. A copy of one version of the exam should be submitted with the course materials. Exams for self-study courses must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to a suggested maximum of 75 questions for very large courses. It is suggested that all questions should be four-alternative multiple choice or completion format and that the use of True/False questions be avoided.
29. Self-study exams must be monitored by the CE provider director, an Arizona-licensed insurance producer appointed by the provider director or a person appointed by the provider director who is in the business of administering education or examinations.. The provider should ensure that the student is aware of these monitoring requirements before the student starts the CE course. The monitoring process must ensure that the student will complete the exam and that the specified conditions of administration are observed. Exams must be kept sealed until the exam starts. Providers may allow exams to be administered on an open-book basis. Providers who require closed-book exams must be sure that students are notified in advance of that requirement. The monitor and the licensee must sign the Affidavit of Personal Responsibility (sample provided in this packet). Providers must retain the Affidavits.
30. The proposed exam for self-study courses will be approved along with the course. Actual self-study course materials are required to be submitted with the application. Credits will be determined by the estimated time it will take a student to study the material, adjusted by the percent of the course content that is acceptable as CE. Credit will be allowed only if the student passes the exam with a score of 70 percent or higher. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. The exam may be presented via the Internet and may be on an "open-book" basis where the student has access to the text during the exam. The proctor must be physically present as the student takes the exam. The same affidavit requirement for proctors is in effect.

Arizona Department of Insurance Continuing Education Program Appeal Procedures

A CE provider may dispute a decision regarding a course or provider application. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with a CE evaluator/auditor, who will discuss the findings and try to resolve the issue over the phone. Courses with deficiencies will be disapproved if the deficiencies are not remedied by revised or supplemental information within 30 days of Prometric's notice of the deficiency.

2. If the dispute cannot be resolved by phone, write the reason(s) for disagreement and reconsideration of the decision. Prometric will respond to your request for reconsideration within 15 business days of receipt. Send requests for reconsideration to:

**Prometric
Attn: Arizona CE Appeals
1260 Energy Lane
St. Paul, MN 55108**

Prometric's decision on your application is an appealable agency action pursuant to Arizona Revised Statutes ("A.R.S.") § 41-1092. If Prometric denies your application, Prometric will send you a denial notice that informs you of your right to an administrative hearing to appeal the decision.

Arizona Department of Insurance Continuing Education Program

Instructions for Completing the Provider Approval Application

Organizations providing insurance CE for Arizona credit must be reviewed and approved by Prometric, the Arizona Department of Insurance's designated administrator. Prometric will assign a provider number that will allow courses to be tracked by provider.

You may apply as a provider when you send your first course for review.

Completing the Approval Form

Provider Name

Print or type the full legal name of the organization providing the education.

Owners or Officers

List the name, business address and business telephone number of each individual who has a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a 10 percent or greater interest.

Address

Provide the complete physical street address, including ZIP code, of the location at which continuing education records will be maintained. In the space provided for a mailing address, you may provide a separate mailing address (such as a post office box).

Provider Director

Provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise such as course rosters, course materials, schedules, etc. The provider director must have the authority to execute agreements on behalf of the provider. Enclose with this application a résumé or other document reflecting the qualifications (experience, professional designations, degrees, licenses held, etc.) of the provider director.

Voice Phone

Give the voice phone number, including the area code, where the provider director may be reached. Also provide a fax number and e-mail address.

How Long in Business

Give the number of years your organization has been in the business of providing CE courses.

Is Your Course Open to the Public?

Can any licensee enroll for the course? Mark "Yes" if it is available to any licensee.

Disciplinary Actions

Before responding to the two questions concerning disciplinary actions, you may wish to obtain written statements from your owners, officers and provider director in order to properly document your responses on the provider application.

How Will You Record Attendance?

Indicate what method you will use to track attendance.

Type of Organization

Check the type that best describes your organization. The "Other" category is intended to cover organizations that do not fit into the previous categories. If you use the "Other" category, briefly describe your organization; your application may be assigned to another category.

Former Names and Locations

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor, partner or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of the voting stock, please list all training companies for which any of these owners has been proprietor, partner or has held at least 50 percent of the voting stock.

Link to Provider Website

If your organization has a Website that lists the dates, times and locations of courses approved for Arizona insurance continuing education credit, Prometric can provide a link to this page from the Prometric Website. Please provide the specific URL (Internet address) that will bring licensees directly to the page listing the dates, times and locations of Arizona-approved courses.

Certification

You must certify that your organization will abide by all Arizona laws and Department of Insurance rules, policies and requirements regarding insurance continuing education. The provider director must sign this certification.

Refund Policy

Providers must publish and abide by a refund policy. The refund policy must accompany the provider approval application (unless course fees are not charged to students). A policy of no refunds is unacceptable.

Submission

Submit the approval form, refund policy, and **\$250 fee** in the form of a company check, cashier's check, money order or credit card authorization to:

**Prometric
Attn: Arizona CE
1260 Energy Lane
St. Paul, MN 55108**

Use the Fee Worksheet on Page 26 to prepare your payment. Fees are nonrefundable.

Arizona Department of Insurance Continuing Education Program Provider Approval Application

Please Print or Type. Photocopy as Needed.

| | | | |
|--|--|---|-----------------------------------|
| Provider Name | | Prometric Use Only | |
| Names and Titles of Owners or Officers (list below) | | | |
| Name / Title | Street Address, City, State, ZIP Code, Phone Number | | Designations and Licenses |
| | () - | | |
| | () - | | |
| | () - | | |
| Physical Street Address (where provider records will be maintained) | City | State | ZIP Code |
| Provider Mailing Address (if different than physical address) | City | State | ZIP Code |
| Provider Director (enclose résumé) | Title | | |
| Voice Phone # () Ext. | Fax # () | E-mail Address | |
| How long have you been in business? | Are your courses open to the public? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has your organization or any owner, officer or provider director been convicted of a felony involving moral turpitude, or had an insurance, financial-services or educational license suspended or revoked? | | <input type="radio"/> Yes | <input type="radio"/> No |
| Has your organization or any owner, officer or provider director been convicted of a misdemeanor denounced by any law regulating insurance, or a public offense having as one of its necessary elements a fraudulent act or an act of dishonesty in the acceptance, custody or payment of money or property? | | <input type="radio"/> Yes | <input type="radio"/> No |
| How will you record attendance? | | | |
| Type of Organization: (check one) | <input type="radio"/> Sole proprietorship | <input type="radio"/> Association | <input type="radio"/> Other _____ |
| | <input type="radio"/> Partnership | <input type="radio"/> Limited Liability Company | |
| | <input type="radio"/> Corporation | <input type="radio"/> Limited Liability Partnership | |
| Have you operated under any other name? | <input type="radio"/> Yes | <input type="radio"/> No | |
| If yes, provide the name and address of each business under whose name you have operated (see instructions for details). | | | |
| Name | Address | | |
| | | | |
| | | | |
| Will your organization have an Internet Website that lists the dates, times and locations of courses approved for insurance continuing education credit? <input type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, would you like Prometric to provide a hyperlink from its Website to that Web page? <input type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, please provide the URL (address) that will bring licensees directly to the page that lists the dates, times and locations of approved courses. http:// | | | |
| I certify that I have read the requirements for Arizona Continuing Education Providers and agree to abide by those requirements and will abide by Arizona insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those program requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn. | | | |
| _____ | | _____ | |
| Provider Director's Signature | | Date | |
| _____ | | _____ | |
| Print or Type Name | | Title | |

Arizona Department of Insurance Continuing Education Program

Instructions for Completing the Course Approval Application

Credit is given only for courses that have been approved. You may not advertise or otherwise promote courses as appropriate for Arizona CE credit until they have been approved. You may not conduct courses for CE credit until you receive written approval from Prometric.

Arizona participates in the NAIC CE Reciprocity Agreement. If you are a provider domiciled in a participating state, you may submit course approval applications based on this reciprocity. See the instructions on Page 13.

Completing the Form

Provider Name

Print or type the full legal name of the organization providing the course.

Provider Number

Enter the provider number assigned to your organization by Prometric. If you do not have a Prometric provider number, leave this space blank.

Course Title

Enter the title (maximum 40 characters).

Course Number

Leave blank; Prometric will assign a number.

Course Type

Mark the formats that will apply for this course. Classroom includes single- and multiple-session classroom courses, seminars, conferences and conventions at which attendance is monitored. Self-study courses are courses for which attendance is not monitored. Self-study courses must be followed by a monitored exam (open or closed book). Credit may be given for self-study courses only when the student passes an exam.

How Will This Course be Taught?

Check all the methods that will be used to teach this course. A lecture refers to a presentation given by a speaker on a specific insurance topic with some student interaction. A workshop generally has a discussion leader who may make a short presentation and usually will lead a discussion among participants. A panel discussion will typically include two or more subject-matter experts discussing issues surrounding the topic; active participation by the students is usually encouraged. Video/teleconference is generally a presentation of a course using video multimedia transmitted to multiple locations at one time, or on videotape for viewing at a later date. Videotape courses must be presented and/or facilitated by an on-site instructor, whether viewed at interactive teleconference sites or at a later date.

How Much Time?

Enter the amount of time that the student will be required to attend class. A credit is defined as a **50-minute** period that the student is required to be in the classroom. Prometric will award credits based on the duration of the course and the percentage of the material that is approved.

How Will Attendance be Verified?

Check all the methods that will be used to verify attendance.

Comprehensive Outline

Attach a comprehensive course outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

1. Divide the outline into sections of approximately 30 minutes each. List the minutes of instruction devoted to each section. The total number of minutes should equal the length of the course.
2. If it is a multiple-session designation course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
3. Include case studies with the outline. Credit will not be assigned for case studies without detail.

Number of requested credit hours

Indicate how many credit hours you are requesting and how you determined this number.

Has this course been approved in at least five other states?

Indicate whether this course has been approved for use in five other states. If so, provide the state names and a copy of the approval documents from each state.

Certification

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable Department policies and requirements and Arizona statutes and regulations.

Attachments

1. Annotated course outline. Case studies must be included if used.
2. Copies of all study materials, examinations, and affidavits for self-study courses.
3. Course pamphlet/brochure is helpful, but not required.
4. If the course is approved in at least five other states, copies of approval documents from each state.

Submission

Send your application form and attachments, along with the **\$60 fee** in the form of a company check, cashier's check, money order or credit card authorization to:

**Prometric
ATTN: Arizona CE
1260 Energy Lane
St. Paul, MN 55108**

Use the Fee Worksheet on Page 26 to prepare your payment. Fees are nonrefundable.

Prometric will review and approve or disapprove course approval applications within **30 days of receipt**. If a course application is not approved, you will be informed of the reason(s). If a course is approved, Prometric will send a course approval certificate indicating the assigned credits.

Arizona Department of Insurance Continuing Education Program Course Approval Application

Please Print or Type. Photocopy as Needed.

| | | |
|---|---|---|
| Provider Name | | Provider Number |
| Course Title (maximum 40 characters) | | Course Number (Leave Blank) |
| Course Type (<i>select one</i>): <input type="radio"/> Classroom <input type="radio"/> Self-study | For classroom only, how will this course be taught? (<i>check all that apply</i>) <input type="radio"/> Lecture <input type="radio"/> Panel Discussion <input type="radio"/> Workshop <input type="radio"/> Video/Teleconference <input type="radio"/> Other _____ | For classroom only, how many contact hours are students required to attend class to receive credit? _____ |
| How will classroom attendance be verified? (<i>check all that apply</i>) <input type="radio"/> Periodic Roll Call or Attendee Audit <input type="radio"/> Sign-in/out Sheet and Door Monitor <input type="radio"/> Attendance Ticket and Door Monitor <input type="radio"/> Monitored Examination after Self-study Course Completion <input type="radio"/> Other _____ | | Is an examination required for continuing education credit? <input type="radio"/> Yes <input type="radio"/> No If yes, how much time will students have to complete the exam? _____ minutes. If an examination is required, what percentage of correct answers constitutes a passing grade? _____% |
| <p>For classroom and seminar courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.</p> <p>For self-study courses: Enclose a copy of the self-study materials with a copy of the final examination and exam plan. For each examination question, provide a page and paragraph reference to the study materials.</p> | | |
| How many credit hours are you requesting for this course and how was this number determined? Please note credit type and number requested in next section _____ _____ _____ | | Credit Type and number requested (Credits may be split within a course): General _____ Ethics _____ Flood _____ Long Term Care _____ Crop _____ |
| Has this course been approved in at least five other states? <input type="radio"/> Yes <input type="radio"/> No If yes, please list the states and attach the course approval document issued by each state. | | |
| 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 requirements established by the Arizona Department of Insurance. | | |
| _____ Print/Type Name of Provider Director | _____ Provider Director Signature | _____ Date |

AZC-01 (12/10)

MAIL COMPLETED FORM WITH PAYMENT TO PROMETRIC

Instructions for Providers Eligible for NAIC CE Reciprocity

As of September 2009, all states or jurisdictions are participating in the agreement **EXCEPT**:

| | |
|----------------|----------------|
| American Samoa | Massachusetts |
| Florida | Puerto Rico |
| Guam | Virgin Islands |

You cannot file using CE Reciprocity until you have received the course approval from your state of domicile.

To obtain Arizona approval based on this reciprocity, you **must** complete these steps:

1. Be approved as a course provider in your state of domicile.
2. Receive a course approval document from your state of domicile. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. Be approved as an Arizona provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval, subject to renewal five years from the date of approval.
4. Complete the Continuing Education Reciprocity Course Filing Form for each course.
5. Submit a photocopy of the course approval document from your home state and a copy of the outline for classroom courses or the table of contents for self-study courses.
6. Pay the \$60 course approval fee for each course.

Send applications and fees to:

**Prometric
Attn: Arizona CE
1260 Energy Lane
St. Paul, MN 55108**

Use the Fee Worksheet on Page 26 to prepare your payment. Fees are nonrefundable.

Arizona is not required to accept any topic, provider or instructor that is not eligible for approval under its laws and regulations.

NAIC UNIFORM CONTINUING EDUCATION RECIPROCIITY 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | Is this course open to Public? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Method of Instruction | | | *National Course* | | |
| Self-study <input type="checkbox"/> Correspondence <input type="checkbox"/> On-line Training (self study) <input type="checkbox"/> Teleconference <input type="checkbox"/> Video/Audio/CD/DVD <input type="checkbox"/> Other _____ | | Classroom <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> On-line Training (facilitated) <input type="checkbox"/> Other _____ | | National Insurance Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type: | |
| Examination Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Course offered by Higher Education Institution? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | | | | |
| Insurance-related Laws | | | | | | |
| Life | | | | | | |
| Long Term Care | | | | | | |
| Personal Lines | | | | | | |
| Property | | | | | | |
| Variable Life and Annuity | | | | | | |
| Viatical Settlement | | | | | | |
| Other | | | | | | |
| 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 Representative: | | | | | | |
| Reciprocal State disapproval reason (if disapproved): | | | | | | |
| Signature of Reciprocal State Representative: | | | | | | |

See State Matrix for Instruction Sheet and State Specific Fee Schedule

Sample Acceptable Course Outline

DIRECTORS AND OFFICERS LIABILITY

| | | |
|---------------|---------------|---|
| 25 minutes | 8:30 - 8:55 | I. Recent history of D&O liability exposure A. Trends in D&O claim frequency and severity B. Major problem areas 1. Federal securities laws 2. Mergers/acquisitions 3. Pollution claims 4. Financial institutions claims 5. Third-party claims C. Recent large settlements and judgments |
| 25 minutes | 8:55 - 9:20 | II. Legal concepts underlying the D&O exposure A. Basic legal duties of directors and officers 1. Duty of obedience 2. Duty of loyalty 3. Duty of care B. To whom duties are owed C. Common defenses D. Recent legislation limiting director liability |
| 9:20 – 9:30 | BREAK | |
| 50 minutes | 9:30 – 10:20 | III. Common exclusions A. Public policy exclusions 1. Dishonesty 2. Gaining an illegal profit or advantage 3. Section 16(b) of the Securities Exchange Act 4. Return of excessive remuneration B. Intended to be covered elsewhere 1. Libel and slander 2. Nuclear energy 3. Employment practice |
| 10:20 – 10:30 | BREAK | |
| 50 minutes | 10:30 – 11:20 | IV. Case study Review of ABC Corporation's stockholder lawsuit alleging mismanagement by the corporation's board of directors and senior management. Study includes review of facts, company's defense and participation in defense by the insurer. |

This course outline is acceptable because:

1. Sufficient detail is given on subject matter covered.
2. Sufficient detail is given on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline.
5. Case study is described.

NOTE: CREDIT CANNOT BE GIVEN FOR SECTIONS WHERE NO DETAIL IS PROVIDED. WHEN CASE STUDIES ARE USED, DESCRIPTIONS MUST BE INCLUDED.

Sample Unacceptable Course Outline

ADVANCED WORKERS COMPENSATION SEMINAR

- | | |
|-----------------------|--|
| 8:00 a.m. – Noon | I. Introduction |
| | II. Policy coverages |
| | A. Benefits to injured workers |
| | B. Employer liability |
| | III. Writing workers compensation coverages with Middle Atlantic Life and Casualty |
| | A. Sales support to agents |
| | B. Price and service comparisons to competitors |
| | IV. Use of technology by agents to service clients |
| | A. Wonder Wizard claim reporting software |
| | B. Visit the Middle Atlantic Life and Casualty Interactive Website |
| Working luncheon | |
| Noon – 1:00 p.m. | V. Reserving |
| 1:00 p.m. – 4:00 p.m. | VI. Loss control activities |
| | VII. Case studies |
| | VIII. Panel discussion with experts |

Problems: Reasons for Unacceptability

Deficiencies in this outline:

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and Marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

SAMPLE

AFFIDAVIT OF PERSONAL RESPONSIBILITY
To be Signed by Student

I declare that I personally completed this exam without assistance from any person(s).

Signature (sign in ink only)

Date

AFFIDAVIT OF EXAM COMPLETION
To be Completed and Signed by Exam Monitor

| | | | |
|---|--|--|-----------|
| Printed Name of Student: | Name of Course: | | |
| Address Where Exam was Taken: | City: | State: | ZIP Code: |
| Date Exam was Taken: | Beginning Time: | Ending Time: | |
| Type of Monitor: (<i>check one</i>) | <input type="radio"/> Provider Director <input type="radio"/> An Arizona-licensed insurance producer appointed by the provider director <input type="radio"/> A person appointed by the provider director who is in the business of administering education or examinations. | Provider Number or AZ Insurance License Number of Monitor _____ | |
| Printed Name of Monitor: | Job Title of Monitor: | | |
| Monitor's Company/Agency Name: | Business Phone Number: () - | | |
| Business Mailing Address: | City: | State: | ZIP Code: |

I declare that I personally observed the above named individual during the completion of this examination and also observed that the licensee received no assistance from another person in completing the examination.

Signature of Examination Monitor
(sign in ink only)

Date

Arizona Department of Insurance Continuing Education Program Instructions for Completing the Instructor Registration to be Submitted by Provider

Courses approved for Arizona CE credit must be taught by registered instructors. Instructors must be approved by each provider whose class(es) they teach and register with Prometric. Instructors will earn credit once per two-year licensing period for a course they teach. Instructor registrations are not subject to renewal.

Completing the Form

PROVIDER INFORMATION

Provider Name

Print or type the full legal name of the organization providing the education.

Provider Number

Enter the provider number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

Provider Certification

Print or type your name and sign and date the form to certify all of the information provided on the form is an accurate representation of the instructor's education and experience. The provider representative's signature certifies that the instructor meets **one or more** of the following qualifications:

1. Three years' experience within the past five years in the course subject matter. Experience may include holding an appropriate insurance license in the subject being taught; OR
2. A college degree in the subject matter being taught; OR
3. A recognized professional designation related to the subject matter being taught.

INSTRUCTOR INFORMATION—must be certified as correct by instructor. Information must be entered on this form, not included as an attachment. Do not send a resume or other documentation.

Name(s)

Type or print the full legal name of the certified instructor in the name block. In the block below, list any former names and/or aliases.

Instructor Number

Type or print the instructor identification number if one has already been assigned by Prometric for another provider or state; otherwise, leave blank.

Social Security Number

Type or print instructor's Social Security number.

Home Street Address

Provide home street address; a post office box alone is not acceptable.

Phone Numbers

Provide a daytime business phone number and home phone number.

Qualifying as an Instructor

Indicate the item(s) that best describe your qualifications to be an instructor.

Professional Designation(s)

List all insurance-related professional designations that the instructor holds. The full meanings of the acronyms listed on the form are given below. If the instructor lists a designation not on the list, please provide acronym, the full title, and the granting institution.

| | |
|-------|--|
| AAI | Accredited Advisor in Insurance, Insurance Institute of America |
| AFSB | Associate in Fidelity and Surety Bonding, Insurance Institute of America |
| ARM | Associate in Risk Management, Insurance Institute of America |
| AU | Associate in Underwriting, Insurance Institute of America |
| CEBS | Certified Employee Benefits Specialist, International Foundation of Employee Benefit Plans |
| CFP | Certified Financial Planner, The American College |
| ChFC | Chartered Financial Consultant, The American College |
| CIC | Certified Insurance Counselor, The National Alliance for Insurance Education and Research |
| CISR | Certified Insurance Service Representative, The National Alliance for Insurance Education and Research |
| CLU | Chartered Life Underwriter, The American College |
| CPCU | Chartered Property & Casualty Underwriter, American Institute for CPCU |
| FLMI | Fellow, Life Management Institute, Life Office Management Association |
| LUTCF | Fellow, Life Underwriter Training Council, National Association of Life Underwriters |
| RHU | Registered Health Underwriter, The American College |

Disciplinary Actions

If you answer "YES" to either of the two disciplinary action questions, provide a written explanation along with copies of the court documents showing the charges and final disposition concerning each matter.

Certification

Print or type the instructor's name. The instructor must sign and date the form to certify that all the information provided on the application is an accurate representation of the instructor's education, experience and background. Furthermore, the instructor certifies agreement to abide by applicable Arizona laws, regulations and requirements.

Submission

Send instructor forms to Prometric at least 10 days before the first course the instructor teaches. Forms must be signed and dated by the provider director and by the instructor. There is no fee for instructor registration. Send the form to:

**Prometric
Attn: Arizona CE
1260 Energy Lane
St. Paul, MN 55108**

Providers must give instructors a copy of the program requirements for Arizona CE contained in this packet.

Arizona Department of Insurance Continuing Education Program Instructor Registration

Please Print or Type. Photocopy as Needed.

Provider Information *(to be completed by the Provider Director)*

| | | |
|---|-----------------|-------|
| Provider Name | Provider Number | |
| <p>I certify 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 in accordance with standards established by the Arizona Department of Insurance.</p> | | |
| _____ | _____ | _____ |
| Print/Type Name of Provider Director | Signature | Date |
| _____ | | |
| Title | | |

Instructor Information *(to be completed by the Instructor)*

| | | | |
|--|------------|------------------------------|--|
| Instructor Last Name | First Name | Middle Name | Instructor Number (Leave Blank) |
| By what other names have you been known? If none, so state. | | | Social Security Number _____ |
| Home Street Address | | | |
| City | State | ZIP Code | |
| Business Phone () _____ | ext. _____ | Residence Phone () _____ | _____ |
| <p>Please indicate which item(s) qualify you as an instructor under the standards of the Arizona Department of Insurance:</p> <p><input type="radio"/> Three years' experience within the past five years in the course subject matter. Experience may include holding an appropriate insurance license in the subject being taught.</p> <p><input type="radio"/> A college degree in the subject matter being taught.</p> <p><input type="radio"/> A recognized professional designation related to the subject matter being taught.</p> | | | |
| List professional designations: | | | |
| Have you been convicted of a felony involving moral turpitude, or have you had an insurance license, financial-services license or education license suspended or revoked? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Have you been convicted of a misdemeanor offense denounced by any law regulating insurance, or a public offense having as one of its necessary elements a fraudulent act or an act of dishonesty in the acceptance, custody or payment of money or property? | | | <input type="radio"/> Yes <input type="radio"/> No |
| <p>I certify that the information on this form is true and correct to the best of my knowledge, that I satisfy one or more qualifications of the Arizona Department of Insurance standards, and the information accurately represents my background and 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 Arizona statutes, regulations and conduct requirements regarding insurance and insurance continuing education.</p> | | | |
| _____ | _____ | _____ | |
| Print/Type Name of Instructor | Signature | Date | |

Arizona Department of Insurance Continuing Education Program Instructions for Completing the Certificate of Compliance

Arizona requires that you issue a certificate directly to the agent within one week of the course's completion. You must use the Arizona standard certificate form, an example of which is enclosed with these instructions. You will receive one course certificate of compliance for each course upon approval by Prometric. The Arizona State seal is required to be displayed on this form. The course name, course number, provider name, provider number, provider phone number and course credit breakdown will be pre-printed on the certificate.

Each classroom course will have a second course number assigned so that double credits can be awarded to instructors who taught the class to five or more students. The course name will be identical except that "(instr)" will be at the end of the course title. Do not award a student certificate to an instructor or vice versa. Please note that instructors will earn double credit hours only during the first 2 years after a course's approval date. A separate Certificate of Compliance for instructors will be provided for this period. Thereafter, if a course has renewed, instructors will only receive the number of credits assigned to the course and they should be provided the same Certificate of Compliance given to students.

FOLLOW THESE STEPS TO COMPLETE THE CERTIFICATE:

Full Name of the Licensee: You must fill in the licensee's name. **Under no circumstances should you issue a certificate without entering a name**, either typed or written in ink. We recommend that you ask all licensees to register for the course using the name shown on their insurance license.

License Number of the Student: Enter the license number of the student.

Date of Course Completion: Enter the date the course ended. Self-study providers should enter **the date the exam was taken and passed**.

Signature: The certificate must be signed by the provider director or designee. Providers must issue certificates within one week from the end of the course.

Arizona law requires that you keep a list of attendees for five years from the end of the year in which the course is completed. You are not required to keep copies of the actual certificates of compliance. Certificates are the property of the licensee who completes the course, no matter who pays the tuition. Providers are required to issue duplicate certificates for any attendee within the five-year record keeping period. Providers may charge a fee for duplicate certificates not to exceed five dollars.

Double Credit for Instructors: If five or more students attend a classroom course, the instructor is eligible for double credit. Enter the appropriate information on the **CERTIFICATE OF COMPLIANCE for Instructors**. Please note that instructors will earn double credit hours only during the first 2 years after a course's approval date. A separate Certificate of Compliance for instructors will be provided for this period. Thereafter, if a course has renewed, instructors will only receive the number of credits assigned to the course and they should be provided the same Certificate of Compliance given to students.

SAMPLE

ARIZONA DEPARTMENT OF INSURANCE
CONTINUING EDUCATION

CERTIFICATE OF COMPLIANCE *for Students*

Provider: **ABC School of Insurance**
Provider Number: **S99999**
Provider Phone: **999.999.9999**
Course: **Commercial Liability Insurance**
Course Number: **C888888**

Credits: **6**

Name of Student (Full First, Middle and Last Names) _____

Arizona License # of Student _____

Date of Course Completion (mm/dd/yyyy) ____/____/____

Provider Director or Designee's Certification: I certify that the student named on this certificate completed the course identified on this certificate. For classroom courses, I also certify that a properly qualified and registered instructor was used.

Name of Provider Director or Designee: _____

Signature of Provider Director or Designee: _____

Title: _____ **Date:** _____

Student's Certification: By my signature below, I hereby certify that I completed the course for which I have received this certificate. I understand that submitting a false or fraudulent certificate of completion to the Arizona Department of Insurance may subject any application for an insurance license to denial and any issued license to suspension or revocation, may subject me to other civil and/or criminal actions and may impact my ability to become licensed in the future.

Signature of Student: _____

Students: Did this course meet your expectations? ____Yes ____No

If you answered no, please e-mail your comments to Prometric at Pro.ce-services@prometric.com. Be sure to include your name, address, phone number, the course name, the course date and why the course did not meet your expectations.

For self-study courses, use the date of the exam as the course completion date.

SAMPLE

ARIZONA DEPARTMENT OF INSURANCE CONTINUING EDUCATION

CERTIFICATE OF COMPLIANCE for Instructors

Provider: **ABC School of Insurance**
Provider Number: **S99999**
Provider Phone: **999.999.9999**
Course: **Commercial Liability Insurance (instr)**
Course Number: **C77777**

Credits: **12**

Name of Instructor (Full First, Middle and Last Names) _____

Arizona License # of instructor _____

Date of Course Completion (mm/dd/yyyy) __ __/__ __/__ __ __ __

Name of Provider Director or Designee _____

The instructor named on this certificate will receive twice the number of credits that students do for this course.

I certify that five or more students attended this class. I also certify that this instructor is properly qualified and registered.

Signature of Provider Director or Designee: _____

Title: _____ **Date:** _____

Recipient's Certification: By my signature below, I hereby certify that I instructed the course for which I have received this certificate. I understand that submitting a false or fraudulent certificate of completion to the Arizona Department of Insurance may subject any application for an insurance license to denial and any issued license to suspension or revocation, may subject me to other civil and/or criminal actions, and may impact my ability to become licensed in the future.

Signature of Recipient: _____

Providers may create their own forms for course completion certificates, provided all of the same information indicated above is clearly reflected on the certificate.

For self-study courses, use the date of the exam as the course completion date.

Arizona Department of Insurance Continuing Education Program

Instructions for Roster Reporting

- **The roster form may not be used as the sign-in form.**
- A typed or computer-generated list with the same information is acceptable.
- For rosters that exceed one page, only the course number, course completion date and provider number are needed in the provider information section after the first page.
- **Rosters must be submitted within 15 calendar days of the course's completion.**

Internet roster submission instructions are on the Web site at www.prometric.com/arizona.

Prometric will provide assistance for users with questions. E-mail Pro.ce-services@prometric.com with questions about Internet roster reporting.

Accuracy in roster submission is essential. Key entry errors or transpositions in license numbers result in the need for corrections and delay in credits being recorded for producers and brokers. **If an error is made by the provider on the roster submission, it is the provider's responsibility to resubmit the corrected roster with an additional reporting fee.**

Completing the Form

Provider Number

Enter the provider number assigned by Prometric.

Provider Name

Enter the name of your organization. This field, and the course name, are secondary identifiers. The primary identification fields are the provider number and course number. Be especially careful to complete them accurately.

Course Number

Enter the Prometric-assigned course number.

Course Title

Enter the course title.

Course Completed

Enter the date the course was completed. For self-study courses, enter the date the exam was **completed**.

Producer License Number

Enter the individual's license number. Students failing to provide a license number will not be granted CE credit.

Student Name

Enter the last name, first name and middle initial, as space permits. As with provider and course names, the name is a secondary identifier in case the individual's license number is not accurate.

Instructors

To grant credits to an instructor, add the name and license number to the roster.

Fees

There are no fees.

Submission

Send the roster form(s), transmittal form and the appropriate total fees to:

Prometric
ATTN: Arizona Roster Submissions
1260 Energy Lane
St. Paul, MN 55108

Confirmation

A confirmation letter will be sent to providers within 2-3 weeks of receipt indicating that the roster has been processed. **If an error is made by the provider on the roster submission, the provider is responsible for resubmitting the corrected roster with an additional reporting fee.**

**Arizona Department of Insurance
Continuing Education Program
Course Offering**

Provider Name _____

Provider Number _____

Provider's Contact Person _____

Voice Phone Number _____

You may enter and edit course offering schedules at Prometric's Web site (www.prometric.com) without this form.

PLEASE PRINT OR TYPE

| Course Number | Course Title | Location of Course <small>(Complete address with room name and number. Include building name and/or name of business, city, state and ZIP code)</small> | Schedule <small>(Dates held and beginning /ending times for approved segments)</small> | Contact Person and Phone Number at Location |
|---------------|--------------|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Use this form to notify Prometric of all classroom course offerings; photocopy as needed.

Include this form with new course submissions, leaving the course number blank. Schedules for subsequent course offerings, or schedule changes must be received **at least 15 days in advance**. Notify Prometric **immediately** if a reported course offering is changed or canceled.

MAIL TO: Prometric, ATTN: Arizona Course Review, 1260 Energy Lane, St. Paul, Minnesota, 55108 or **FAX 800.735.7977**

Arizona Department of Insurance Continuing Education Program

Fee Worksheet

This form is for convenience in preparing submissions. It is not required.

| | | <u>Subtotal</u> |
|------------------------------------|---------------------|-----------------|
| Provider Approval Fee | \$250 | \$ _____ |
| Provider Haste Approval Fee | \$55 | \$ _____ |
| Course Fees | <u># of courses</u> | |
| Course approval | _____ @ \$60 | \$ _____ |
| Course Haste Fee | _____ @ \$55 | \$ _____ |
| TOTAL | | \$ _____ |

One check may be written to cover all fee types.

Payment may be made in the form of company check, cashier's check or money order.

You may also pay using American Express, Visa or MasterCard. Fees are nonrefundable.

Card number: _____

Name on card: _____

Expiration date: _____

If your card is denied, the transaction will not be processed.