

PRE-LICENSING EDUCATION 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		FEIN # (if applicable)			
Contact Person		E-mail Address of Contact Person			
Phone Number () - ext.	Fax Number () -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address		City	State	Zip	

Course Information

Course Title		
Method of Instruction		
Self – Study (non-contact) <input type="checkbox"/> Correspondence <input type="checkbox"/> On-Line Training (Self-Study) <input type="checkbox"/> Video/Audio/CD/DVD Word Count _____	Classroom (contact) <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Webinar <input type="checkbox"/> Teleconference <input type="checkbox"/> Other _____	Is this course Self-Study (non-contact) and Classroom (contact) ? <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Study Hours _____ Classroom Hours _____ Is this Course Open to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Examination Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs Requested by Provider Insurance	Hrs Approved by Home State Insurance	Hrs Approved by Reciprocal State Insurance
A. Insurance Topics:			
(Cj gen/Appropriate Course Concentration)			
"Life / Health			
"Property / Casualty/ Personal Lines			
Total Hours			
B. Adjuster Topics (Total Hours)			
Information Below is for Regulator Use Only			
Approval Date			
Course Number assigned			
Course approval expiration date			
Signature of Home State Regulator/Representative OR <u>ATTACH</u> Provider Home State Approval Form			
Signature of Reciprocal State Regulator/Representative OR <u>ATTACH</u> Reciprocal State Approval Form	"		
C. Bail Agent Topics (Total Hours)			
Bail Bond			
Total Hours			

INSTRUCTION SHEET

NOTE: This course may NOT be advertised or offered as approved in the state to which application has been made until approval has been received from the 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, only whole numbers of credit hours will be approved – partial hours will be eliminated.

1.3.2 Contact the individual state to determine whether there are any specific requirements for submitting insurance adjuster courses.

1.3.3 Applications including both self-study and classroom must list hours separately under Method of Instruction.

1.4 Partial self study hours: 4 hrs = 30 questions, 5-8 hrs = 60 questions, 9-16 hrs – 90 questions, and 17-24 hrs = 112 questions.

1.5 Entirely self study hours: 4 hrs = 52 questions, 5-8 hrs = 105 questions, 9-16 hrs = 150 questions, 17-24 hrs = 187 questions, 24+ hrs = 300 questions.

1.6 Submit the application form along with required course materials, a detailed course outline, exam questions, if required, and the \$50.00 course application fee.

2. If you are a PROVIDER filing for approval from a Reciprocal State:

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

2.2 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.

2.3 Send the PE application, home state approval, if home state issues one, a detailed course outline, and the required fee to the reciprocal state.

2.4 Submit documentation and exam questions for Mississippi statute portion of course.

3. If you are a HOME STATE or the designated Representative of the Home State:

3.1 After reviewing the course materials, complete the “Hrs Approved by Home State” column.

3.2 Enter the date of approval, course # assigned, course approval expiration date. Sign the PE Form OR attach the home state approval form.

3.3 If the class is not approved, note it on the bottom of the PE Form.

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”.

4.2 Enter the date of approval, course number assigned, course approval expiration date. Sign the PE Form OR attach the reciprocal state approval form.

4.3 If the class is not approved, note it on the bottom of the Form.

Mail this form to Mississippi Insurance Department, P.O. Box 79, Jackson MS 39205-0079 Or (501 N. West Street, 1001 Woolfolk State Office Bldg, Jackson, MS 39201. For questions call 601-359-3582 or email licensing@mid.ms.gov .