

State of Tennessee
Department of Commerce and Insurance
APPLICATION FOR EDUCATION PROVIDER

Fees: \$500.00 Initial Fee
 \$250.00 Yearly Renewal Fee
 The fee represents an administrative expense and it is not refundable.
NOTE: Colleges and universities are exempt from all fees.

Provider

Name: _____

Address: _____
 (Street) (City) (State) (Zip)

Business Phone: _____ Contact Person: _____
 (Print Name)

Email: _____

Type of Provider

_____ Insurance Company _____ Individual Corporation _____ Firm or Agency
 _____ Trade Association _____ Partnership _____ College/University

Type of Education Provided

Check off all appropriate types:

_____ Pre-Licensing Education: _____ Continuing Education:

Lines of Insurance

_____ Life (20 hours) _____ Life
 _____ Accident/Health (20 hours) _____ Accident/Health
 _____ Property (20 hours) _____ Casualty(20 hours) _____ Property/Casualty
 _____ Personal Lines (30 hours) _____ Personal Lines
 _____ Title (5 hours) _____ Title

NOTE: APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL.

Please answer the following questions if you are providing PRELICENSING EDUCATION:

1. Do you understand that a detailed outline of instruction must be presented for course approval? ___ Yes ___ No
2. Will a qualified instructor/discussion leader/lecturer conduct the course/seminar? ___ Yes ___ No
3. Will a record of registration and attendance be maintained for a period of 4 years? ___ Yes ___ No
4. Will this record of registration/attendance be available to the Department for review? ___ Yes ___ No
5. Do you concur with the pre-licensing education certificate? ___ Yes ___ No

Please answer the following questions if you are providing CONTINUING EDUCATION:

1. Per Tennessee Rules and Regulations, 0780-1-56-08(d), do you concur that your courses/seminars are acceptable and deemed to meet the Commissioner's standards? ___ Yes ___ No
2. Per Tennessee Rules and Regulations, 0780-1-56.08(e), do you understand what subjects are not acceptable? ___ Yes ___ No
3. Do you concur that any person NOT specifically covered by 0780-1-56 shall be submitted to the Department for evaluation and approval? ___ Yes ___ No
4. As the education provider, you MUST maintain a record for 3 years for each student attending a class. Therefore, each student will receive a certificate of completion for successful hours completed? ___ Yes ___ No
5. Do you concur that all correspondence/self-study courses shall include a final examination? ___ Yes ___ No
6. As a Tennessee Provider, do you agree to notify the Commissioner of any changes in your provider name, address or telephone number? ___ Yes ___ No
7. As a Tennessee Provider, do you agree to notify the Commissioner if you discontinue services as an Educational Provider? ___ Yes ___ No

Required documents to be attached:

1. Resume for each instructor
2. Photocopy of the CERTIFICATE OF COMPLETION
3. Course approval application.
4. Check payable to "Pearson VUE/TN-CE"

STATEMENT:

I, the undersigned, as an authorized officer or employee of the provider named hereon, declare that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

Print Name Signature Date

Mail completed Provider Application to:

Pearson VUE
Attention TN/CE
62398 Collections Center Drive
Chicago, IL 60693-0623

OFFICE USE ONLY:

Provider Approved _____

Provider Number: _____

Provider Not Approved _____

Reason for Disapproval:

