



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

INSTRUCTIONS FOR PRELICENSE EDUCATION PROVIDER APPROVAL

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 cefilings@ldi.state.la.us.

Applications submitted hard copy and all payments should be submitted to

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

- 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 sixty 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.state.la.us 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.
- 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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PRELICENSE EDUCATION PROVIDER APPLICATION

SECTION 1- GENERAL INFORMATION

Demographic Information:

Provider Name: _____

Provider FEIN Number: _____

Business Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Website: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address of Contact: _____

Provider Entity Type: Check one.

Insurance Trade Association

Admitted Insurer

Accredited College or University

Other _____

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

1. A general description of the types of programs presented by the provider.
2. A description of the qualifications and experience of the persons responsible for the creation of the program.

SECTION 2- SUPERVISORY INSTRUCTOR

Every provider must designate an individual as a supervisory instructor. This individual shall be responsible for assuring the quality of the program and for the conduct of any other instructors. You may attach a resume` or curriculum vitae which provides the requested information in lieu of completion of this portion of the form. The provider shall also maintain a signed statement from the supervisory instructor describing the basis for his/her qualification and an affirmation that he/she will comply with the requirements of Regulation 114.

Supervisory 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:

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

Membership in Professional Societies and Associations:

Name of Professional Society or Association	Dates of Membership

Professional Licenses:

License Type	State/Jurisdiction	License #	Date Issued

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.*

SECTION 3 OTHER INSTRUCTORS

You may attach a resume` or curriculum vitae which provides the requested information for each proposed instructor in lieu of completion of this portion of the form. The provider shall also maintain a signed statement from each instructor describing the basis for his/her qualification and an affirmation that he/she will comply with the requirements of Regulation 114.

Full Legal Name:

Address:

Description of Professional Qualifications:

Full Legal Name:

Address:

Description of Professional Qualifications:

Full Legal Name:

Address:

Description of Professional Qualifications:

Full Legal Name:

Address:

Description of Professional Qualifications:

SECTION 4 - MANAGEMENT AND OWNERS

Provide the names and addresses of every officer, director, partner or member or the provider as well as every person owning, directly or indirectly, 10 % or more of the provider. Additional names can be attached on a separate sheet

First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::
First Name	Middle Name:	Last Name:
Address:		
Position:		Ownership %::

SECTION 5 - ATTESTATION

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 prelicense education requirements and the provisions of Regulation 114 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)



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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 a prelicense education 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: _____

** 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

Initial Provider Approval (\$250) Date Submitted _____

Course Filing (\$25) Date Submitted _____