



Instructor Packet

Thank you for your interest to serve as an instructor for a CLM educational event. To stay in compliance with each state where we offer CE credits, it is required that each instructor complete the attached Qualification Forms.

Providing CE and CLE credits for our events is an important component of the education we provide. The process of applying for and receiving credits from each state is complex. Part of that process involves filing information on each instructor. The attached packet consists of qualifications from several states that require all CLM instructors be approved as a qualified instructor. This packet **MUST** be completed regardless of where you possess a license, a claims adjuster or non-adjuster.

This form does ask for personal information (SSN and DOB). We have spent countless hours trying to find a way around these requirements without success. This application must be completed or it will be rejected by the states. Please know that the CLM protects your information closely and will only use it for purposes of which the states require.

1. Applicant's Information

Company Name: _____

First Name _____ Last Name _____ MI _____

Mailing Address _____
Street or P.O. Box Apt #

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email address _____

SSN (required)

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DOB

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Month Day Year

2. Qualification

Resume and bio **must** be attached to this application.

3. Education and Training – Check all that apply and provide details below.

- ☐ Possess a Bachelor's degree or higher in the subject matter to be taught.
- ☐ Have a Risk Management Insurance degree.

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

4. Work Experience – Check all that apply

- ☐ Employed by the Florida Department of Financial Services
- ☐ Membership in the Florida Bar Association with minimum of two (2) years of law practice or counsel in the subject matter in the last 10 years.
- ☐ At least three (3) years within the last five (5) years of experience in the course subject matter, which experience may include holding an appropriate insurance license for the subject being taught.
- ☐ Have at least 5 years working experience in the subject matter in the last 10 years.
At least 10 years working experience in the subject matter in the last 20 years.

Describe your experience.

**5. Professional Insurance Designations** – Check all that apply and indicate the date earned.

<input type="checkbox"/> LUTC _____	<input type="checkbox"/> CPCU _____
<input type="checkbox"/> CLU _____	<input type="checkbox"/> CIC _____
<input type="checkbox"/> AAI _____	<input type="checkbox"/> Other: _____

6. Insurance Licenses - List the type of insurance licenses held. If none, leave blank.

License Type	License No.	Issue Date	State Issued

7. Other Licenses/Certifications – List any related recognized professional credentials in the subject matter being taught.

License/Certification Type	License/Certification No.	Issue Date	State Issued

8. Teaching – Check all that apply. Then list the course title(s) to be taught.

- ☐ At least 200 hours instructing in the subject matter in the last four (4) years
- ☐ Have at least 40 hours of instructional experience in the last four (4) years.

<u>Course Title</u>	<u>Course Number</u>

9. Have you ever been an instructor for another approved preclicensing or continuing education provider? ☐ Yes ☐ No
 If Yes, list the provider names, dates and reasons for leaving.
10. Verification

If you answer “Yes” to either of the below two questions, attach a detailed statement, signed by you, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies **CERTIFIED BY THE COURT** of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

a. Have you been the subject of any administrative agency disciplinary action? ☐ Yes ☐ No

For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.

b. Have you ever been convicted of a crime? ☐ Yes ☐ No

“Crime” includes a felony or misdemeanor and military offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

Applicant’s Signature

Date

O Pre-Licensing Instructor

Instructor Last Name	First Name	Middle Name	Instructor Number (Leave Blank)
By what other names have you been known? If none, so state.			
Home Street Address			
City		State	ZIP
Business Phone () ext.			
List professional designations, insurance license (type, date, state): _____ _____			
I have specialized experience in the following subject matter:			
Subject Matter	Years Experience	Designated Degree	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Please indicate the category you are requesting for approval:			
___ Annuity Suitability	___ Annuities and Securities	___ Property	___ Ethics
___ Flood – NFIP	___ Long Term Care Partnership Act	___ Health	
___ Life	___ Life/Health/Property/Casualty	___ Personal Lines	
___ Variable Life/Variable Annuity	___ Life Settlement	___ Casualty	
I attest that the information on this form is true and correct to the best of my knowledge and the information accurately represents 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 Kentucky statutes, regulations, and program requirements regarding insurance and insurance continuing education and pre-licensing education.			
Print/Type Name of Instructor		Signature	

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