



**NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
LICENSING SERVICES BUREAU
Continuing Education Program
One Commerce Plaza
Albany, New York 12257**

**CONTINUING EDUCATION PROGRAM APPROVED PROVIDER ORGANIZATION
STIPULATION ENTERED INTO AS A CONDITION TO MAINTAIN RECORDS
OUTSIDE THE GEOGRAPHIC BOUNDARIES OF THE STATE OF NEW YORK**

The undersigned Continuing Education Provider Organization has requested the permission of the Superintendent of Financial Services to maintain Continuing Education records required by Section 2132 of the New York Insurance Law at a location outside of New York State.

As a condition of the Superintendent's granting such permission the Provider Organization hereby agrees to reimburse the New York State Department of Financial Services for the expense of travel for Department Examiners to conduct examinations of the records in question, how often and as necessary as the Department deems appropriate.

It is understood that failure to reimburse expenses on a timely basis in accordance with this agreement will constitute grounds for withdrawal of the approval of this Provider Organization to participate in the New York Continuing Education Program.

This agreement will remain in force for the Approval Period of the Provider Organization and any subsequent renewal Approval Periods.

Provider Organization Name

Approval Number

**Signature of Officer, Director
or Partner**

Title

Date

Type or Print Above Name

(_____)_____
Telephone Number