



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

<b>FOR DEPARTMENT USE ONLY</b>
Approval No.: _____
Examined By: _____
Date Approved: _____

**PROVIDER ORGANIZATION APPROVAL APPLICATION**

1.

Provider Name			Taxpayer I.D. No. *
Headquarters Address Number and Street (Required)			P.O. Box (if any)
City, Town or Village	County (NY only)	State	Zip Code
Mailing Address Number and Street (Required)			P.O. Box (if any)
City, Town or Village	County (NY Only)	State	Zip Code

2.

Address Where Records Will Be Maintained** Number and Street (Required)			
City, Town or Village	County (NY Only)	State	Zip Code

\* See Privacy Notification on Page 5.

\*\* If address is not in New York, form CE 1b Stipulation Agreement must be included with application

**3. Type of Provider Organization:** (Check one and attach documentation)

- A.  Degree conferring college, university/proprietary school (Documentation: copy of school license)
- B.  New York authorized insurer (Documentation: copy of license)
- C.  Licensees' Association
- D.  Trade Association
- E.  Institution satisfactory to the Superintendent

If C, D or E is checked, provide:

- (1) evidence that the organization has been in existence for at least five years (e.g. copy of charter, bylaws, filings, approvals, licenses, etc.), and
- (2) a description of the organization membership, and
- (3) evidence that the organization has offered educational activities for at least five years (e.g. approvals, copies of rosters, certificates issued, etc.). If applicant is approved to offer continuing education in another state or by another government entity, the five years can be reduced to two.

4. Will Affiliates be offering instruction under the Provider Organization's auspices ? YES NO

If "YES," attach Affiliate Application (Affiliates may be added during the approval period upon Department approval of a completed Affiliate Application).

5. List names of all officers, directors, partners or members who will be directly involved in the Continuing education program and give information requested below. If applicant selected A or B in question 3 skip to question 7.

(A) Name	Last	First	M.I.	Title	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender			Social Security Number *		Date of Birth	
M <input type="checkbox"/> F <input type="checkbox"/>						
Address No. & Street (Required)			P.O. Box. (if any)	City, Town or Village	State	Zip Code

(B) Name	Last	First	M.I.	Title	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender			Social Security Number *		Date of Birth	
M <input type="checkbox"/> F <input type="checkbox"/>						
Address No. & Street (Required)			P.O. Box. (if any)	City, Town or Village	State	Zip Code

(C) Name	Last	First	M.I.	Title	Director Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender			Social Security Number *		Date of Birth	
M <input type="checkbox"/> F <input type="checkbox"/>						
Address No. & Street (Required)			P.O. Box. (if any)	City, Town or Village	State	Zip Code

\* See Privacy Notification on Page 5 (Attach additional sheets, if necessary)

6. Identify all owners with at least 10% interest or voting interest of the business entity:

Name	SSN/FEIN	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* See Privacy Notification on Page 5 (Attach additional sheets, if necessary)

**7. Are any of the individuals named in 5 of 6 under obligation to pay child support?**

\_\_\_\_\_  
Yes or No

If "Yes," attach signed child support obligation form for each individual under such obligation.

**8. If any of the following questions are answered "YES," an explanation must be attached.**

**Other than traffic violations:**

- a** Has the business entity or any officer/director/partner/member/manager named in 5 or 6 ever been convicted of a crime, had a judgment withheld or deferred, or is currently charged with committing a crime?

\_\_\_\_\_  
Yes or No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile 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, or having been given probation, a suspended sentence or a fine.

- b** Has the business entity or any officer/director/partner/member/manager named in 5 or 6 ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?

\_\_\_\_\_  
Yes or No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.

"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company.

- c** Has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/manager named in 5 or 6 for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.

\_\_\_\_\_  
Yes or No

- d** Has the business entity or any officer/director/partner/member/manager named in 5 or 6 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?

\_\_\_\_\_  
Yes or No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

- e** Is the business entity or any officer/director/partner/member/manager named in 5 or 6 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

\_\_\_\_\_  
Yes or No

- f** Has the business entity or any officer/director/partner/member/manager named in 5 or 6 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

\_\_\_\_\_  
Yes or No

**9. Attach Statement of Intent providing:**

- (a) A general description of the types of instruction (classroom, speech/seminar, self study or internet self-study with monitored examination), subject matter and methods of continuing education courses the organization will offer.
- (b) An indication of those classes of licensees to whom the organization will offer continuing education courses (Life/Accident & Health Agent, Life Broker, Life Consultant, Property & Casualty Agent, General Consultant, Public Adjuster, P&C Broker)
- (c) An indication of the geographical locations, including counties, in which the organization will offer continuing education courses.
- (d) A description of the procedures to be followed by Provider Organization or Affiliate Representative(s) at each course in:
  - (1) Documenting attendance at continuing education courses;
  - (2) Administration of and scoring of examinations;
  - (3) Issuing continuing education credit documentation; and
  - (4) Certifying and forwarding such documentation to the office of the Provider Organization.
- (e) A description of the cancellation and tuition refund policy which will be followed by those offering continuing education courses under the auspices of the Provider Organization.

**Failure to fully answer the above and provide complete documentation will cause a rejection or delay in the approval of this application.**

**10. Responsibilities of the Designated Person:**

- (a) To assure that submissions are timely and in accordance with Department criteria;
- (b) To resolve issues regarding courses offered under the auspices of Provider Organization;
- (c) To assure that the Provider Organization's Continuing Education Program administration procedures and maintenance of records are in compliance with Department requirements;
- (d) To be available to the Department on a daily basis and to be given the authority to resolve Department concerns and
- (e) To timely schedule classroom courses, provide timely notice of classroom cancellations and report licensee course completion electronically as noted in CE program Criteria.

***I have read the responsibilities of the Designated Person and will assume these responsibilities.***

\_\_\_\_\_  
**Signature of Designated Person**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Type or Print Above Name**

\_\_\_\_\_  
**Email Address of Designated Person**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Fax Number of Designated Person**

Additional secondary Designated Person(s) may be named by submitting the Designated Person Notice (Form CE5a).

Provider Organization must notify the Department immediately of any change(s) in Designated Person(s) by submitting the Designated Person Notice (Form CE5a).

The Provider Organization must notify the Department immediately of any informational change(s) related to this application.

A non-refundable application fee of \$200.00 must accompany this application. **Make check payable to the Superintendent of Financial Services.**

**Under the penalties of perjury (I) affirm that the information given in the foregoing application is true and hereby subscribe thereto.**

\_\_\_\_\_  
**Signature of Officer, Director, Partner  
or Member of Provider Organization**  
( not Third Party Administrator signature)

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Type or Print Above Name**

\_\_\_\_\_  
**Telephone Number of  
Provider Organization**

\_\_\_\_\_  
**Fax Number of Provider  
Organization**

\_\_\_\_\_  
**Provider Organization Website Address (www.)**

**An applicant may NOT act as a Provider Organization until a Provider Organization Approval Document has been issued by the this Department.**

**\* \* \* CHILD SUPPORT NOTIFICATION \* \* \***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

**\* \* \* PRIVACY NOTIFICATION \* \* \***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

## CHILD SUPPORT OBLIGATION FORM

\_\_\_\_\_  
Name of Entity on Application (Please Print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Are you under obligation to pay child support?		YES	NO
		<input type="radio"/>	<input type="radio"/>
If "YES,"	(a) Are you less than four (4) months in arrears?	<input type="radio"/>	<input type="radio"/>
	(b) Are you paying by income execution plan agreed to by courts or parties?	<input type="radio"/>	<input type="radio"/>
	(c) Is the obligation subject of pending court proceeding?	<input type="radio"/>	<input type="radio"/>
	(d) Are you receiving public assistance or supplemental security income?	<input type="radio"/>	<input type="radio"/>

If answer to the question regarding obligation to pay child support is "YES," one of the answers to (a)-(d) must be "YES" or license will expire six (6) months from the effective date of this license unless you notify the Department by that time which answer has changed to "YES."

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including, but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**