



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

**FOR DEPARTMENT USE ONLY**

Approval No.: \_\_\_\_\_

Examined By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Third Party Administrator Agreement Report**

1. \_\_\_\_\_ has entered into a Third Party  
(Name of Provider Organization)

Administrative Agreement with \_\_\_\_\_  
(Name of Third Party Administrator)

at \_\_\_\_\_  
(Headquarters Address of Third Party Administrator)

to administer its CE Program.

2. The Primary Designated Person for the Third Party Administrator (TPA) is:

\_\_\_\_\_  
(Print Primary Designated Person's Name)

\_\_\_\_\_  
(Mailing Address of Primary Designated Person)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Telephone Number)

\_\_\_\_\_  
(e-mail address)

3. Provide a description of the authority, duties and responsibilities granted the Third Party Administrator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a copy of the agreement between the Provider Organization and the Third Party Administrator

\_\_\_\_\_  
(Signature of Provider Officer)

\_\_\_\_\_  
(Signature of TPA Primary Designated Person)

\_\_\_\_\_  
(Print Provider Officer's Name)

\_\_\_\_\_  
(Print TPA Primary Designated Person's Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Party Administrator(TPA) Website Address: (www.)