

CEU Institute

Instructor Qualification Form

1. Speaker Information

Company Name:

First Name: Last Name: MI

Mailing Address:

City: State: Zip:

Phone: Email Address:

DOB (required by several states) - -

Month Day Year

*SSN - -

***Florida DFS, and CA DOI require the SSN and will reject the application without it.
CEU Institute protects your information. It is only used for the purposes required by the licensing boards**

In lieu of providing your SSN, Florida allows presenters to request their own registration number here: https://dice.fldfs.com/public/pb_instr_app1.aspx. If you have previously applied or have used this link to apply for a Florida DFS registration number, please provide that number below.

Florida DFS Registration Number:

2. Qualifications and Work History

Attach a Resume to this application.

3. Education and Training

Possess a bachelor's degree or higher in the subject matter being taught

Possess a Risk Management Insurance Degree

School or Training Facility	Dates Attended	Degree or Professional Designation Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. Work Experience – Check all that apply

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.

At least 10 years working experience in the subject matter in the last 20 years.

Describe Your Experience:

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

<input type="checkbox"/>	LUTC	
<input type="checkbox"/>	CLU	
<input type="checkbox"/>	AAI	

<input type="checkbox"/>	CPCU	
<input type="checkbox"/>	CIC	
<input type="checkbox"/>	Other	

6. Insurance Licenses – List the type of license held. If none, leave blank.

License Type	License Type	License Type	License Type

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

License/Certification	License/Certification	License/Certification

Have you even been an instructor for another approved pre-licensing or continuing education provider? If yes, provide names, dates, and reason for leaving below.

Yes No

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8. 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 administrative agency disciplinary action? Yes No

For 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.

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Applicant Printed Name	Date
<hr/>	
Applicant Signature	

Required Attachments:

Resume

Return this form and attachments to

CEU Institute Accreditation Department

144 W. Crystal Lake Ave. Suite 1010

Lake Mary, FL. 32746

accreditation@ceuinstitute.net

Fax: 407.302.2185