



# Tennessee Department of Commerce and Insurance APPLICATION FOR CONTINUING EDUCATION PROVIDERS

This Continuing Education Provider application must be thoroughly completed and added as an attachment at [www.statebasedsystems.com](http://www.statebasedsystems.com) upon submission of application.

FEES
\$500.00 Initial Fee payable by credit card only at <a href="http://www.statebasedsystems.com">www.statebasedsystems.com</a> .
\$250.00 Yearly Renewal Fee payable by credit card ONLY on or after Nov 1st at <a href="http://www.statebasedsystems.com">www.statebasedsystems.com</a> .

*The fee represents an administrative expense and it is not refundable. **NOTE: Colleges and universities are exempt from all fees.***

CONTINUING EDUCATION PROVIDER NAME

STREET ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

CONTACT PERSON (*Print Name*)

EMAIL

### TYPE OF PROVIDER

Insurance Company

Firm or Agency

Partnership

Individual Corporation

Trade Association

College/University

**NOTE: THIS CONTINUING EDUCATION APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL.**

### Please answer the following questions if you are providing CONTINUING EDUCATION.

- Per Tennessee Rules and Regulations, 0780-1-56-08(d), do you concur that your courses/seminars are acceptable and deemed to meet the Commissioner's standards?  
 Yes     No
- Per Tennessee Rules and Regulations, 0780-1-56.08(e), do you understand what subjects are not acceptable?  
 Yes     No
- Do you concur that any person NOT specifically covered by 0780-1-56 shall be submitted to the Department for evaluation and approval?  
 Yes     No

- 4. As the education provider, you MUST maintain a record for 3 years for each student attending a class. Therefore, each student will receive a certificate of completion for successful hours completed?  
 Yes       No
- 5. Do you concur that all correspondence/self-study courses shall include a final examination?  
 Yes       No
- 6. As a Tennessee Provider, do you agree to notify the Commissioner of any changes in your provider name, address or telephone number?  
 Yes       No
- 7. As a Tennessee Provider, do you agree to notify the Commissioner if you discontinue services as an Educational Provider?  
 Yes       No

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**REQUIRED DOCUMENTS TO BE ATTACHED**

- 1. Resume for each instructor
- 2. Photocopy of the **CERTIFICATE OF COMPLETION**

**STATEMENT**

I, the undersigned, as an authorized officer or employee of the provider named hereon, declare that the statements made in this continuing education provider application are true, correct and complete to the best of my knowledge and belief.

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PRINT NAME

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SIGNATURE

DATE

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**OFFICE USE ONLY**

- Continuing Education Provider Approved \_\_\_\_\_
- Continuing Education Provider Number \_\_\_\_\_
- Continuing Education Provider Not Approved \_\_\_\_\_
- REASON for Disapproval \_\_\_\_\_