

Maryland Insurance Administration

Continuing Education Course Coordinator Registration Form

Provider Name:		Provider No:	
Course Title:		Course No:	
Course Coordinator Name:			
Course Coordinator Address:			
Course Coordinator Email Address:			
Course Coordinator Phone:		Course Coordinator Fax:	

A course coordinator shall possess one or more of the qualifications listed below. Please select the course coordinators applicable qualification(s) and attach a transcript and/or resume that details the required experience.

	A minimum of 5 years experience as an actively licensed insurance producer;
	A minimum of 3 years experience as an administrator of an education program;
	A degree in education and at least 2 years experience as a licensed insurance producer; or
	Full-time employment in the insurance education field as a coordinator with at least 6 months experience.

As the Course Coordinator I attest that I will assure compliance with the following as it relates to this course:

I will notify the Commissioner of: <ul style="list-style-type: none"> (a) Any change in the instructor for an approved course; (b) The date, time, and location of a course offering and the name of the instructor not less than 14 calendar days in advance of the date that the course offering is scheduled to begin; and (c) The cancellation of a course offering as soon as reasonably possible;
I will assure that students are provided with current and accurate information;
I will create an accurate record of student attendance and successful course completion for each offering of an approved course;
I will supervise and evaluate courses and instructors;
I will investigate complaints relating to course offerings and instructors;
I will maintain accurate records relating to course offerings, instructors, student attendance, and student course completion for a minimum of 4 years following the date of the course offering; and
I will within 15 days of the student's completion of the course, provide each student with a certificate of course completion on a form approved by the Commissioner.

By submitting this application you agree to the following:

- That you are authorized to submit course applications on behalf of the provider and are authorized by the provider to act as a course coordinator.
- You certify that to the best of your knowledge and under the penalty of perjury that all information and documents attached to the corresponding course application are current and accurate.
- You agree to ensure that the related course(s) are conducted in compliance with the state of Maryland statutes, regulations, and requirements.

Course Coordinator Name

Course Coordinator Signature

Date