

**Maryland Insurance Administration**  
**Continuing Education Program Course Reciprocal Renewal Application**  
**\*\*Course renewals should be submitted in compliance with the provisions of COMAR 31.03.02.08.**

<b>Provider Name:</b>		<b>Provider Number:</b>
<b>Course Title (maximum 40 Characters)</b>		<b>Course Number (Leave Blank)</b>
<b>Course Type: (check one)</b>  <input type="checkbox"/> Self-study <input type="checkbox"/> Classroom	For Classroom only, how will this course be taught? (Check all that apply) <input type="checkbox"/> Correspondence <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> On-Line Training <input type="checkbox"/> Teleconference <input type="checkbox"/> Traditional Classroom <input type="checkbox"/> Video/Audio/CD/DVD  <input type="checkbox"/> Other _____	Number of credit hours requested:  _____

**For all courses:** Attach refund policy.

**For Classroom courses:** Attach a comprehensive course outline and bibliography. Annotate the outline indicating, for each section, the number of minutes of instruction that will be offered and the method of presentation for each component.

**For Self-Study courses:** Include study materials, exam procedures and sample exam.

**Classroom Instructors:** Attach an instructor application and a resume or biographical statement.

**Course Concentration Requested:**

\_\_\_\_\_ Annuity (Variable Annuities)                  \_\_\_\_\_ Health                  \_\_\_\_\_ Long Term Care  
 \_\_\_\_\_ Ethics    \_\_\_\_\_ Property/Casualty                  \_\_\_\_\_ Title  
 \_\_\_\_\_ Flood    \_\_\_\_\_ Life/Health

**\*Maximum number of Ethics credits allowed per course is 3. Maximum amount of 21 credits for any other course category. Courses are eligible for approval for multiple content codes. Providers must indicate on the course renewal how many hours are being requested for each area of content.**

Has this course been previously approved by Prometric in another state?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, provide Prometric-issued course number.
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The provider for whom this application is submitted acknowledges and agrees to comply with the following:

- Courses may only be offered if approved by the Commissioner and taught by an approved instructor.
- Notify the Commissioner of the replacement of a course coordinator.
- Courses may not be advertised and promotional materials may not be distributed prior to course approval.
- Courses must be offered in facilities using equipment that meets minimum requirements established by the Americans with Disabilities Act and all applicable EEO statutes.

I understand that I must notify the Commissioner or the Commissioner's designee of all changes and modifications to all applications. I also certify that the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make a full disclosure constitutes grounds for disciplinary action.

\_\_\_\_\_

Printed/Typed Name of Authorized Course Coordinator                  Signature                  Date

This form can be photocopied.

**Mail Application and Renewal Fee to:**  
**Prometric Operations Center**  
**Attn: Continuing Education Processing**  
**7941 Corporate Drive**  
**Nottingham, MD 21236**

Maryland Insurance Administration  
Continuing Education Program Course Renewal Application  
**Reciprocal State Checklist**

Checklist of items that must accompany the provider package:

- A course coordinator application found at [www.prometric.com](http://www.prometric.com).
- A full and detailed description of the course content including the amount of time allotted to each subject covered by the course on an hour-by-hour basis.
- Home State Approval Letter
- Instructor Resume/Bio
- Providers using textbooks that are not available electronically must submit a hard copy of the textbook.

**Submission**

Send your application form and attachments, along with the appropriate fee in the form of a check or credit card authorization to:

**Prometric Operations Center  
Attn: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

***You may pay the fee using American Express, Visa or MasterCard.***

***If your card is denied, the transaction will not be processed.***

**Maryland Insurance Administration  
Continuing Education Program  
Fee Worksheet**

This form is for convenience in preparing submissions. Using it is optional.

<b>Course Fees</b>	<u>Number</u>	<u>Sub-total</u>
Course Renewal Fee	_____ @ \$34	\$ _____

**One check may be written to cover all fee types.**

*You may pay using American Express, Visa or MasterCard.*

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

*If your card is denied, the transaction will not be processed.*

**Send to:**

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**