

# Sircon Compliance Express User Guide

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A Guide to  
Vertafore  
Education Provider  
Services

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# Education Provider Services

Thank you for using Vertafore Sircon **Education Provider Services** (formerly Sircon for Education Providers).

The purpose of this guide is to familiarize you with Vertafore's convenient and easy-to-use online services developed especially for insurance education providers.

Using **Education Provider Services**, you can update class schedules and locations over the Internet directly into the state database, so changes are registered instantly and important course information is kept current. Also, at the end of a class you can electronically feed course completion and credits straight into state producer licensing records, instantly making attendees' and class instructors' producer records compliant with state requirements. Vertafore's online services are conveniences and timesavers you will quickly come to appreciate.

Simplified management of class and course information isn't the only way Vertafore's online services save valuable time. Education providers often are besieged with phone calls and email from producers wondering if they have earned credit for taking a course, when a class will be held, etc. Vertafore's Producer Education Services allow producers to get the information they are looking for online, reducing the number of phone calls and other inquiries coming into your office. They can browse a catalog of instructor-led or online courses, search for a specific course, find classes held at a specific time or location, and check their education transcript and credits – online, at any hour of the day or night, and at no charge.

# Getting Started

## Sign Up for a New Account

It's easy to sign up for a new Vertafore Sircon **Education Provider Services** account.

On the Internet, visit [Sircon for Education Providers Agreement](https://www.sircon.com/products/education/provider-agreement.jsp) page (<https://www.sircon.com/products/education/provider-agreement.jsp>).

The screenshot shows the registration page for Sircon for Education Providers Agreement. At the top, there is a navigation bar with the Vertafore Sircon Solutions logo, a phone number (877-875-4430), and links for Help, Contact, and Sign In. Below the navigation bar are links for Products, Services, News & Events, Resources, and About Us. The main heading is 'Educators' and 'Sircon for Education Providers Agreement'. The text below the heading explains the agreement and provides instructions for registration. The registration form includes fields for Provider Name, Provider EIN, Primary State (a dropdown menu), and General Contact Information. There is also a 'Copy From Above' link.

On the **Sircon for Education Providers Agreement** page, enter your account, contact, and billing information. Key fields include the following:

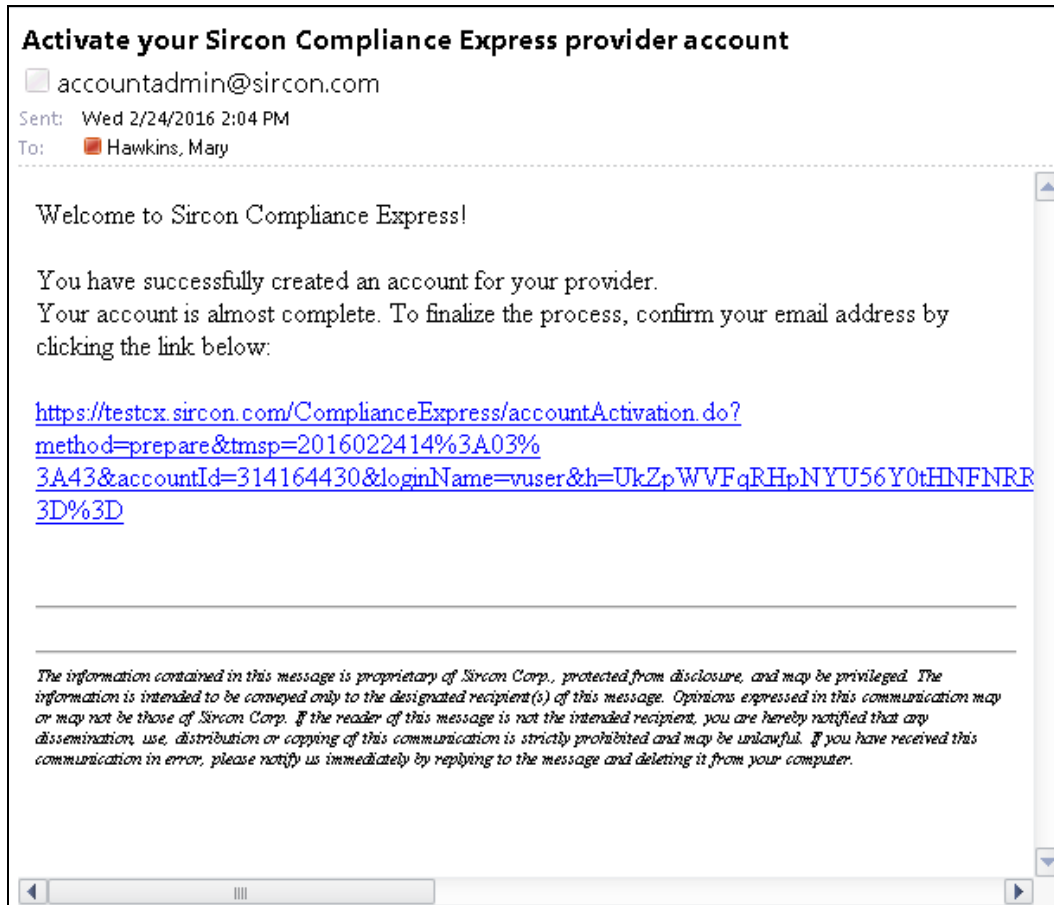
- **Provider Name:** Enter your business or organization name. Maximum 35 characters.
- **Provider EIN:** Enter your business's Federal Employer Identification Number. Maximum 10 characters.
- **General Contact Information:** Enter your company's principal business contact, address, and email information.
- **E-Mail Address:** A valid email address is important, because the system will send activation email to the address you enter later in the signup process. Maximum 72 characters.
- **Billing Contact Information:** Enter your company's primary billing contact, address, and email information. If it is the same as the information you entered in the **General Contact Information** section, click the **Copy From Above** link.
- **User Log In Name:** Enter a personalized user name, up to 24 characters, such as "jsmith24" or "mary\_hawkins." You will use the login name each time you sign in to Vertafore Sircon **Education Provider Services**.

- **Security Verification:** The signup process is protected against malicious usage by automated scripts. Click to checkmark the **I'm Not a Robot** checkbox.
- **Agreement:** Please read the agreement to use the service. If you agree with the terms and conditions, click to checkmark the **I Agree** checkbox.
- **Submit:** Click to submit your signup information.

The system will display a summary of your new account information. Also, it will deliver an activation email to the email address you entered on the **Sircon for Education Providers Agreement** page.

The screenshot shows a web page titled "Products For Education Providers" with the Vertafore logo. The main content area is divided into two columns. The left column features a "Testimonials" section with a quote: "This will be a very helpful tool in maintaining all my licenses and CE information." Below this, it identifies the user as "Vertafore ProducerEDGE User" and provides links to "Read more testimonials" and "Watch testimonial video". The right column contains a confirmation message: "Thank you for signing up! You will receive a confirmation email shortly with instructions for activating your account." Below this, it lists account details in three sections: "Account Information" (Account ID: 314154430, Username: yuser), "Provider Information" (Provider Name: Learn As You Earn, Inc., Primary State: IN), and "General Contact Information" (First Name: Mary, Last Name: Hawkins, Position/Title: Learning Administrator, Email: mhawkins@vertafore.com, Phone Number: 4425555555). At the bottom of the right column, there is contact information: "If you require immediate assistance or have comments or questions, please contact us at 877.876.4430 or via email at [sircon@sircon.com](mailto:sircon@sircon.com)." The footer of the page includes links for "Privacy Policy", "Terms of Use", "Site Map", "For Credit Reporting Act", "FAQ", and "Vertafore".

Find the activation email in your email client application, and click the activation link.



The **Provider Account Activation** page will open in a new browser window.

Enter a password in the **Password** field, following the **Requirements**.

Re-enter the password in the **Confirm Password** field.

Then, click the **Get Started!** button.

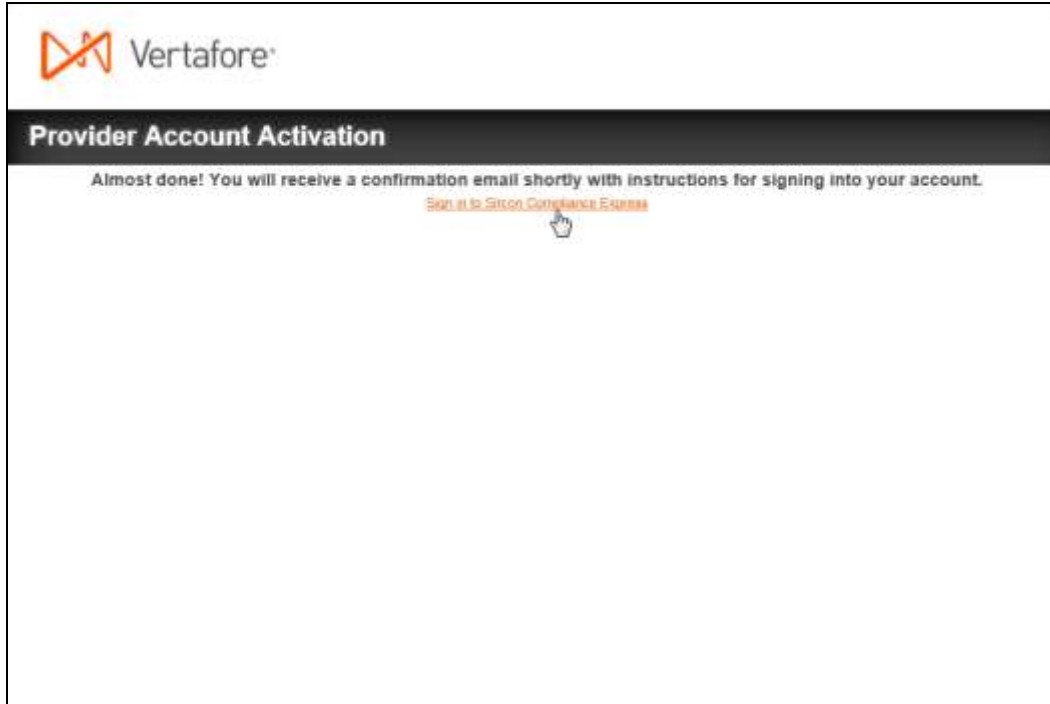
The screenshot shows the 'Provider Account Activation' page. At the top left is the Vertafore logo. Below it is a dark header with the text 'Provider Account Activation'. The main content area is divided into sections: 'Login Information' with fields for 'Your Username:' (value: 'user') and 'Your Organization:' (value: 'Learn As You Earn, Inc.'). Below this is the 'Set Your Password' section, which lists requirements: 'Password must contain at least one lower case letter', 'Password must contain at least one upper case letter', 'Password must be at least 6 characters long', and 'Password must contain at least one numeric character'. There are two password input fields, one for 'Password:' and one for 'Confirm Password:', both containing masked characters. A blue 'Get Started!' button is positioned below the fields. At the bottom left, there is a link for 'Need help? Email Vertafore Support' and a phone number '877-876-4430'.

The **Provider Account Activation** page will update, and the system will send a confirmation email to the email address your entered on the **Sircon for Education Providers Agreement** page.

The screenshot shows the 'Provider Account Activation' page after the activation process. At the top left is the Vertafore logo. Below it is a dark header with the text 'Provider Account Activation'. The main content area contains a confirmation message: 'Almost done! You will receive a confirmation email shortly with instructions for signing into your account.' Below the message is a link: 'Sign in to Sircon Compliance Express'.

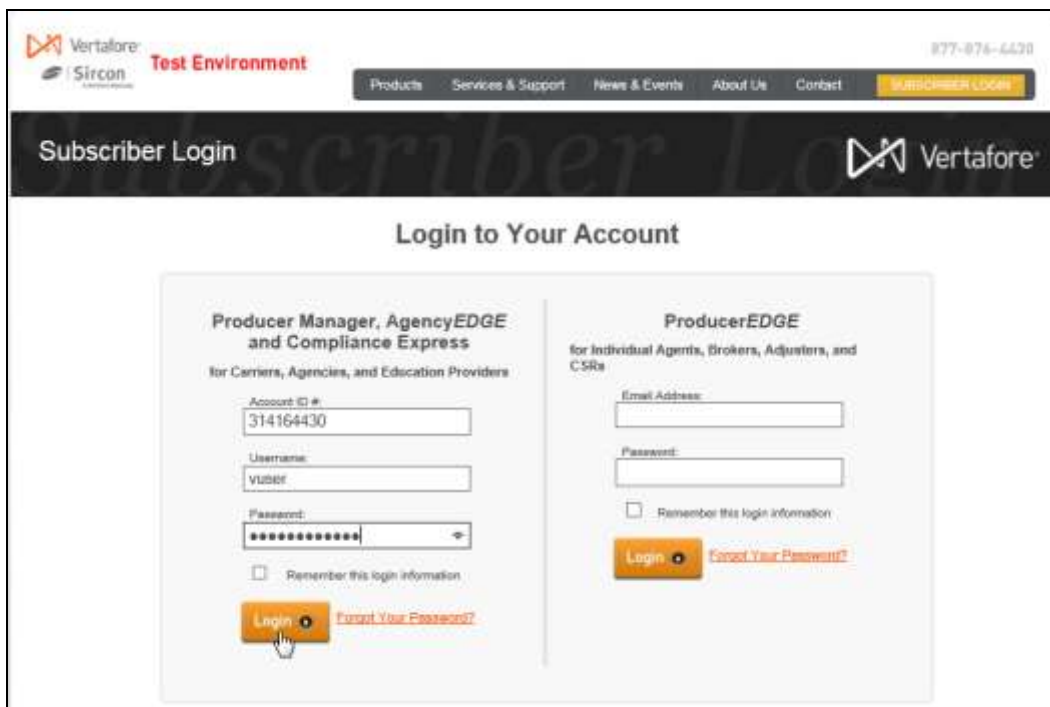
Click the **Sign in to Sircon Compliance Express** link on the **Provider Account Application** page.





In the login fields on the left side of the **Login to Your Account** page, enter your **Account ID #**, **Username**, **Password**.

Click the **Login** button.



The Vertafore Siron **Education Provider Services** main page will open, with the **Online Services Menu** on the upper left.

Vertafore  
Insurance Services

Welcome to Compliance Express, the Internet gateway to state insurance regulators.  
Please select one of the options on the left to begin.

**RECENT SUBSCRIBER NOTICES**

- 04-06-2012** West Virginia 2012 Appointment Renewals - The West Virginia Department of Insurance is preparing to open its appointment renewal period for 2012. The renewal period will begin on June 6 and end on August 15. Terminally ill notices for appointments you do not want to renew must be received electronically by the Department no later than June 5, 2012. They will allow sufficient time for processing and posting to the PDR before the renewal notice is printed. Appointment renewals may be submitted using Vertafore's Compliance Express. Companies will be billed renewal fees for any active appointment on the date the notice was generated. The renewal notice and a list of appointment renewals due will be available on the MFR website on June 6, 2012. Payment is due by August 15, 2012. All appointments will be cancelled if the notice is not paid in full by August 15, 2012. Notice that appointments renewals for Health Mutual Plan companies will be handled by paper and mailed to each Health Mutual Company by the Department of Insurance.
- 04-06-2012** Virginia 2012 License Renewals - Virginia resident and nonresident Surplus Lines Broker, Consultant, and Licensed Settlement Broker licenses are now available for renewal at many excess companies. These licenses expire on June 15 of each calendar year. Renewal of these license types must be made online prior to July 1, 2012. Licensees may also check their license renewal status and print their license online from the above website. The online renewal process for Texas license will close after June 30, 2012. Licensees that fail to renew by June 30, must apply for a new license. Please check any questions you may have on email to the Virginia Bureau of Insurance, Agent Licensing Section at [businessaffairs@ins.state.va.gov](mailto:businessaffairs@ins.state.va.gov).
- 04-06-2012** Maryland Motor Club Appointment Renewals for 2012 - Maryland will process all Motor Club appointment renewals electronically through the National Insurance Producer Registry in 2012. On June 1, 2012, the MFR website will display the status and a list of appointments due for renewal. Motor Club companies will not be permitted to terminate or close off any names from the license. Termination notices for individual appointments that are not to be renewed must be submitted on or before May 31, 2012, to allow sufficient time for processing and posting to ROR before the renewal filing is made. Appointment renewal fees are due and payable on or before August 31, 2012, by 4:00 p.m. EST, for all motor club representatives listed on the MFR. Companies unable to process the appointment to appointment renewal notice must contact Maryland Insurance Administration by calling (800) 554-8118. All appointments will be cancelled if the notice is not paid by August 31, 2012.
- 04-04-2012** New Jersey Appointment Renewals - The New Jersey Division of Insurance has announced its appointment renewal period for 2012 will begin April 2 and end June 15. Termination notices for appointments you do not want to renew must be received electronically no later than March 22, 2012. Appointment renewals can only be processed for appointments that are shown as active on the PDR at the time the termination transaction is submitted. Appointment renewals may be submitted using Vertafore's Compliance Express. Companies will be billed renewal fees for any active appointment on the date the notices are generated. The renewal notice and a list of appointment renewals due will be available on the MFR website on April 2, 2012. Payment is due by June 15, 2012, and must be completed electronically. Companies not to be allowed to modify the list of names on the notice, and the notice cannot be paid in full. Note that an appointment will be cancelled if the notice is not paid in full by June 15, 2012. Appointments added on or after April 1, 2012, will not need to be renewed in 2012 and will not be reflected on the renewal notice or list of appointment renewals due.
- 03-29-2012** Arizona Continuing Education Renewals - IFS/CE: The Arizona Continuing Education Services representation date has been finalized and will be available April 9, 2012.
- 03-15-2012** Arizona Appointment Renewals - On June 1, 2012, the Arizona Insurance Department will generate and mail each insurance company an invoice for the annual renewal fee for all appointments active as of May 31, 2012. The company must return a copy of the invoice and the payment within 30 days from the date of the invoice. The Department may charge companies who fail to pay the invoice a penalty of up to double the original invoice amount. If a company can't meet its appointed producers and business within through Arizona Appointment Registration (ARPP) service, contact your broker or agent manager at (602) 976-6910 for additional details. The Department should receive terminations submitted by June 1, 2012. Electronic terminations must be completed by May 31, 2012. The state fee per appointment renewal is \$10. Individual producer appointment renewals may be electronically transmitted through Sunbiz. Terminations of business entities and the individual producers who share that business entity's appointment can be electronically transmitted only through Arizona's LED system. Sunbiz offers additional services to assist companies with filing terminations through the LED system. Please contact your Sunbiz account manager for additional information on submitting electronic notices. Companies should notify the Department their correct mailing address, and updates should be sent to email to the Department's License Counselor at [businessaffairs@ins.state.az.gov](mailto:businessaffairs@ins.state.az.gov) prior to May 1, 2012. Please check any questions you may have to the Arizona Insurance Department License Division at (602) 976-6910 or at [businessaffairs@ins.state.az.gov](mailto:businessaffairs@ins.state.az.gov).
- 03-14-2012** The following North Carolina License expires March 31, 2012, and must be renewed through Sunbiz - All corporations, partnerships, public adjusting business entities, self-employed adjusters, compensation-dependent law adjusters, and bail adjusters. Non resident auto rental and non-resident self-storage limited licenses, brokers, virtual settlement brokers, public adjusters, and motor vehicle damage appraisers licenses may also renew their licenses through Sunbiz. These licenses will expire effective March 31, 2012. To all licensees who fail to complete an online renewal application and pay the renewal fee by later 15, 2012.
- 03-12-2012** Nevada Renewal Continuing Education - Effective April 15, 2012, Nevada will begin to validate a producer's continuing education (CE) status during the renewal process. Applicants will not be able to submit a renewal application electronically until CE compliance requirements, if applicable, have been met. If an applicant is not CE compliant they will receive the following message: "Supplier is not CE Compliant". Please contact any questions you may have regarding the appointment renewal period to the West Virginia Agent Licensing Division at (800) 554-8118 or agent [businessaffairs@ins.state.wv.gov](mailto:businessaffairs@ins.state.wv.gov).
- 02-21-2012** New Mexico 2012 Appointment Renewals - The New Mexico Division of Insurance has announced that company appointment renewal notices for 2012 will be available on the MFR website beginning March 6, 2012. The renewal period will begin on March 6, 2012, and will end on May 31, 2012. The annual fee must be paid on or before May 31, 2012, so all appointments will be renewed. Termination notices for appointments you do not want to renew must be received electronically by the Department no later than February 23, 2012. Appointment renewals attached on or after February 24, 2012, will be filed in the database with June 1, 2012 and will not be reflected on the renewal notice. Please check any questions you may have regarding the appointment renewal period to the New Mexico Division of Insurance, Producer Licensing Division at (505) 224-4600 or [agents.licensing@ins.state.nm.us](mailto:agents.licensing@ins.state.nm.us).
- 02-17-2012** Utah Temporary Adjuster Renewals - The Utah Department of Insurance will let licensees who were issued a three-month, temporary (T&I) Independent Adjuster or Public Adjuster license in December 2011 not attempt to electronically renew their license. The license holder must contact the Utah Department of Insurance for a new license until an electronic option is made available. If you have questions regarding your temporary adjuster

Control Panel  
314146002 - Mary, Phoenix  
[businessaffairs@ins.state.az.gov](mailto:businessaffairs@ins.state.az.gov)  
800-554-8118-4000-0300  
04/12/2012 09:18  
Logout

### Notes

If you have forgotten your password and cannot log in, click the **Forgot Your Password?** link on the **Login to Your Account** page. The system will guide you through a password recovery process.

If your company has multiple EIN, or if the system informs you that the EIN you entered is already in use, please contact your Vertafore representative for assistance.

## Tour the Main Menu

Once you are logged into **Education Provider Services**, to open the **Education Services Menu** page, click the **Education** link in the **Online Services Menu**.

**Education**

**General**

- [Available Course Offerings Inquiry](#)
- [Approved Courses Inquiry](#)
- [Approved Instructor Inquiry](#)
- [Approved Providers Inquiry](#)
- [Continuing Education Transcript Inquiry](#)
- [Education Information Center](#)

**Course Maintenance**

- [Classroom Offering Maintenance](#)
- [Course Renewal](#)
- [Continuing Education Course Application](#)
- [Continuing Education Course Assignment](#)

**Course Completions**

- [Continuing Education Course Completions](#)
- [Upload Continuing Education Course Completions](#)
- [Pre-licensing Education Course Completions](#)
- [Upload Pre-licensing Education Course Completions](#)

**Provider Maintenance**

- [Provider Application](#)
- [Provider Renewals](#)

**Instructor Maintenance**

- [Instructor Application](#)
- [Instructor Renewal](#)

**Transaction History and Status**

- [Education Activity Inquiry](#)
- [Course Completion Status Inquiry](#)
- [Instructor Application Inquiry](#)
- [Instructor Renewal Inquiry](#)

**Current User**  
 314164430: Mary Hawkins  
 devapsrv2vm.sircon.com  
 d8e478f3-f722-40ba-8354-4c479b2f2184  
[Logout](#)

[Home](#) | [Help](#) | [News Releases](#) | [FAQ](#) | [State Information](#) | [NAIC Information](#)

Services available from the **Education Services Menu** page include the following:

### General

- **Available Course Offerings Inquiry:** Find insurance classes offered by approved education providers in a specific state. For more information, see [Available Course Offerings Inquiry](#).
- **Approved Courses Inquiry:** Find approved insurance courses in a specific state. For more information, see [Approved Courses Inquiry](#).

- **Approved Providers Inquiry:** Find approved insurance education providers in a specific state. For more information, see [Approved Providers Inquiry](#).
- **Continuing Education Transcript Inquiry:** Check which of your continuing education requirements are fulfilled or outstanding in a selected state. For more information, see [Continuing Education Transcript Inquiry](#).
- **Education Information Center:** Use this page to view video help on using **Education Provider Services**, as well as announcements about regulatory changes affecting education providers. For more information, see [Education Information Center](#).

## Course Maintenance

- **Classroom Offering Maintenance:** Maintain the dates, times, and locations of specific insurance education courses you are providing. For more information, see [Classroom Offering Maintenance](#).
- **Course Renewal:** Apply for state renewal of approved pre-licensing or continuing education courses in one or multiple states. For more information, see [Course Renewal](#).
- **Continuing Education Course Application:** Apply for state approval of new CE courses. For more information, see [Continuing Education Course Approval](#).
- **Continuing Education Course Assignment:** Assign a course from one education provider to another education provider. For more information, see [Course Assignment](#).

## Course Completions

- **Continuing Education Course Completions:** Submit a roster of CE course completions. For more information, see [Continuing Education Course Completions](#).
- **Upload Continuing Education Course Completions:** Upload and submit a batch file containing multiple continuing education course completion records. For more information, see [Upload Continuing Education Course Completions](#).
- **Pre-licensing Education Course Completions:** Submit a roster of PE course completions. For more information, see [Pre-Licensing Education Course Completions](#).
- **Upload Pre-licensing Education Course Completions:** Upload and submit a batch file containing multiple PE course completion records. For more information, see [Upload Pre-Licensing Education Course Completions](#).

## Provider Maintenance

- **Provider Application:** Allows you to apply for approval to offer continuing education and pre-licensing education courses in a state. For more information, see [Provider Applications](#).
- **Provider Renewals:** Allows you to renew an active provider registration in a state. For more information, see [Provider Renewals](#).

## Transaction History and Status

- **Education Activity Inquiry:** Displays a summary of online education services you have performed during a specified period of time. Also allows you to print state-official certificates of course completion. For more information, see [Education Activity Inquiry](#).
- **Course Completion Status Inquiry:** Allows you to verify processing of course completion transactions, confirm successful transactions, and follow up on errored submissions. For more information, see [Course Completion Status Inquiry](#).

### Notes

Vertafore **Education Provider Services** are available in selected states only. Contact your Vertafore representative for more information

# General

## Available Course Offerings Inquiry

Use the **Available Course Offerings Inquiry** page to run a report displaying date, time, and location information for education courses offered by approved education providers.

The screenshot shows the 'Available Course Offerings Inquiry' web application. On the left is a navigation menu with sections: 'Education Services' (containing 'Inquiries', 'Education Information Center', and 'Contact Information' with state links), and a footer with 'Home | Help | News Releases | FAQ | State Information | NAIC Information' and copyright information.

The main content area is titled 'Available Course Offerings Inquiry' and contains the following search filters:

- Find Courses Near You:** A text input field containing 'Richmond, VA'.
- Provider Name:** A dropdown menu.
- Education Type:** A dropdown menu set to 'Continuing Education' with a '\* Required' note.
- Course Category:** A list of checkboxes:
  - Flood
  - Laws and Regulations
  - Life & Health
  - Long Term Care
  - Long Term Care Partnerships
  - Other General Insurance
  - Property & Casualty
  - Title
- Course Date:** Two date input fields. 'From' is '09-20-2012' and 'To' is '12-31-2012', both with '\* Required (mm-dd-yyyy)' notes.
- Course Hours:** An empty text input field.
- Search By:** A dropdown menu.
- Keyword:** A text input field.
- Course ID:** A text input field.

At the bottom of the search area are three buttons: 'Submit' (highlighted in blue), 'Cancel', and 'Change State'.

**Available Course Offerings Inquiry for the State of Virginia**

State: Virginia 09-03-2012 05:19 PM CDT

**Marsh, 1051 East Cary Street Suite 900, Richmond, VA 23219 (0.1 mi) [Get Directions](#)**

**Nuclear Energy Risk Overview (205838)**  
 Private Classroom 2.0 Credits Type: CE Sponsored  
 Categories: Property & Casualty (2.0 Credits)  
 Dates Offered: 10-24-2012 - 10-24-2012 (10:00 am - 12:00 pm)  
 Provider: [Marsh USA c/o Kaplan Financial](#) (124276)

**Marsh, 1051 East Cary Street Suite 900 9th Flr, Richmond, VA 23219 (0.1 mi) [Get Directions](#)**

**Understanding Surplus Lines (204824)**  
 Private Classroom 3.0 Credits Type: CE Sponsored  
 Categories: Property & Casualty (3.0 Credits)  
 Dates Offered: 11-28-2012 - 11-28-2012 (09:00 am - 12:00 pm)  
 Provider: [Marsh USA c/o Kaplan Financial](#) (124276)

You may open the **Available Course Offerings Inquiry** page in the following ways:

- In the **Quick Start** box on the Vertafore home web page, click the **Look Up Education Courses/Credits** link to open the **Inquiries** page. Then click the **Available Course Offerings Inquiry** link.
- From the **Education** menu, click the **Available Course Offerings Inquiry** link.

The **Available Course Offerings Inquiry** page offers the following fields and controls:

- **Please select a State:** *Required.* From the dropdown menu, select the state in which you want to find course offerings.
- **Find Courses Near You:** To search for course offerings near a specific geographic location, enter a full street address and/or city and state, and/or a ZIP code near which you wish to find course offerings.
- **Provider Name:** To search for courses offered by a specific education provider, select the name of the provider from the dropdown menu. If no provider is selected, the report will display courses offered by all providers.
- **Education Type:** *Required.* From the dropdown menu, select either Pre-Licensing Education or Continuing Education.
- **Course Category:** If desired, click to checkmark one or multiple course categories based on the license types available in the selected state. If you do not checkmark any course categories, the inquiry will report course offerings in all course categories.
- **Course Date From:** *Required.* Enter the beginning date of a date range during which you want to search for courses.
- **To:** *Required.* Enter the ending date of a date range during which you want to search for course offerings.



- **Course Hours:** To limit the search to only course offerings worth a certain number of credit hours, enter a numeric value. If you do not enter a value, the inquiry will report courses worth any number of credit hours. You may enter a non-decimal or decimal value, such as “8” or “3.5.”
- **Course ID:** To search for a specific course offering by its provider-assigned course ID, enter the ID. If you do not enter a value, the inquiry will ignore course ID as a search criterion.
- **Search By Keyword:** To search for a course offering by a keyword in the course name, enter a keyword or phrase. Does not support wildcard searches, but does support partial word or phrase searches. Enter a minimum of three and a maximum of 50 characters. Any character accepted, except percentage (%) and underscore (\_). If you do not enter a value, the inquiry will ignore keywords in the course name as search criteria.
- **Submit:** After selecting a state, click to display additional selection criteria. After entering all desired selection criteria, click to run the inquiry. The results will open in the **Results** page.
- **Change State:** Click to select a different state in which to find course offerings.
- **Cancel:** Click to return to either the Inquiries page (Producer Education Services) or the Education menu (Education Provider Services).

### Inquiry Results

The **Results** page displays provider, course, and location and time information that met your report criteria.

If you entered a search criterion in the **Find Courses Near You** field, the **Results** page will include an interactive map with pins to mark the 10 course offerings that are geographically nearest to the entered address. To see additional course locations on the map, click on the pin to the right hand side of the course result details. A new pin will be added to the map for the selected course.

It contains the following information:

- **Map:** Displays a map that plots the geographic locations of course offerings that met your search criteria.
- **Course Name:** For each course offering listed, displays its name.
- **Public:** For each course offering listed, displays whether enrollment in the course is open to the public at large or privately restricted..
- **Credits:** For each course offering listed, displays the number of credits it is worth.
- **Type:** For each course offering listed, displays CE if the course is for continuing education credit or PE if the course is for pre-licensing education credit..
- **Method:** For each course offering listed, displays the method by which an enrollee takes the course.
- **Category:** For each course offering listed, displays its course category based on the license types available in the selected state.
- **Location:** For each course offering listed, displays the physical address of the class.
- **Get Directions:** For any course offering listed, click to display text directions from the location specified in the **Find Courses Near You** field on the search criteria page to the location of the selected course offering.
- **Date Offered:** For each course offering listed, displays the date and time of the class.
- **Next Page:** If your inquiry result spans more than one page, click to display the succeeding inquiry result page.



- **Prev Page:** If your inquiry result spans more than one page, click to display the preceding inquiry result page.
- **Printable Version:** Click to open a printer-friendly version of the inquiry results in a separate window.
- **Revise Inquiry:** Click to choose different selection criteria and resubmit the inquiry.
- **Cancel:** Click to return to either the Inquiries page (Producer Education Services or the [Education Menu](#) (Education Provider Services).

### Finding Available Education Courses

You can find education courses that are approved for credit in selected states.

You can view a list of approved education courses by running the [Approved Courses Inquiry](#).


1. Click the **Available Course Offerings Inquiry** link. The **Available Course Offerings Inquiry** page will open.
2. From the **Please Select a State** dropdown menu, select the state in which you wish to search for available courses.
3. Click the **Submit** button.
4. If you want to search for courses near a specific geographic location, in the **Find Courses Near You** field enter a full address or city and state of a location near which you want to search.
5. If you want to search for courses offered by all providers, do not select anything from the **Provider Name** dropdown menu, and proceed to step 7 OR If you want to search for courses offered by a specific education provider, select the name of the provider from the **Provider Name** dropdown menu.
6. *Required.* To search for pre-licensing courses, select **Pre-Licensing Education** from the **Education Type** dropdown menu OR To search for continuing education courses, select **Continuing Education** from the **Education Type** dropdown menu.
7. To limit the search only to certain course categories (e.g., Surety Bail Bond, Title, General, etc.), click to checkmark one or more **Course Category** checkboxes.
8. *Required.* In the **Course Date From** field, enter the beginning date of a date range in which you want to search for courses.
9. *Required.* In the **Course Date To** field, enter the ending date of a date range in which you want to search for courses. You must use the *mm-dd-yyyy* date format.
10. To limit the search to only courses worth a certain number of credit hours, enter a numeric value in the **Course Hours** field.
11. Click the **Submit** button. The **Results** page will open, displaying provider, course, and location and time information. For more information regarding a provider's courses, please contact the provider directly.
12. To view the courses in another state or to change other search criteria, click the **Revise Inquiry** button.
13. When you are finished, click the **Cancel** button.

### Notes

For more information regarding a provider's courses, please contact the provider directly

## Approved Courses Inquiry

Use the **Approved Courses Inquiry** page to view a list of education courses, both instructor-led and self-study, that are approved for credit in selected states.



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### Approved Courses Inquiry

**Education Type**  \* *Required*

**Instruction Method**

**Course Category**

- Annuity
- Ethics
- General
- Long Term Care
- Viatical Settlements

**Course Hours**

**Search By Keyword**

**Course ID**

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**Approved Courses Inquiry for the State of West Virginia**

State: West Virginia 09-03-2012 05:23 PM CDT

360training.com, Inc.(14698)

Course Name	Public Credits	Category	Method	Presentation Method	Renewal Date	Course Difficulty
Ethics & Fraud ( 99795 )	Y 4.0	Ethics	Self-Study	On-line Training/Webinar	05-31-2014	
Ethics and Fraud ( 66504 )	Y 4.0	Ethics	Self-Study	Self-directed		
Legal & Moral Issues in the Insurance Industry ( 99801 )	Y 5.0	Ethics	Self-Study	On-line Training/Webinar	05-31-2014	
Legal and Moral Issues in the Insurance Industry ( 66503 )	Y 5.0	Ethics	Self-Study	Self-directed		

A.D. Banker & Company, LLC(1173)

Course Name	Public Credits	Category	Method	Presentation Method	Renewal Date	Course Difficulty
Avoiding E&O Claims - Ethics ( 99610 )	Y 2.0	Ethics	Self-Study	Correspondence	02-27-2014	Intermediate
Ethical Insurance Practices ( 99611 )	Y 3.0	Ethics	Self-Study	Correspondence	02-27-2014	Intermediate
Ethics for Professionals ( 99618 )	Y 3.0	Ethics	Self-Study	Correspondence	02-27-2014	Intermediate
P&C Risks, Hazards & Exposures - SS ( 4736 )	N 1.0	Ethics	Self-Study	Self-directed	06-30-2014	
	11.0	General				

AAMGA Education Foundation - AAMGA University(14195)

Course Name	Public Credits	Category	Method	Presentation Method	Renewal Date	Course Difficulty
Insurance Ethics of Yesterday, Today & Tomorrow ( 5407 )	Y 3.0	Ethics	Classroom	Traditional Classroom	06-30-2014	<a href="#">Available Offerings</a>
Insurance Ethics of Yesterday, Today and Tomorrow ( 99993 )	N 3.0	Ethics	Classroom	Traditional Classroom	06-26-2014	
Insurance Ethics, Yesterday, Today & Tomorrow ( 59578 )	Y 3.0	Ethics	Classroom	Traditional Classroom		
Street Level Ethics ( 78706 )	Y 3.0	Ethics	Classroom	Traditional Classroom	06/30/2014	

You may open the **Approved Courses Inquiry** page in the following ways:

- In the **Quick Start** box on the Vertafore home web page, click the **Look up education courses/credits** link to open the **Inquiries** page. Then click the **Approved Courses Inquiry** link.
- From the **Education** menu, click the **Approved Courses Inquiry** link.

Fields and controls on the **Approved Courses Inquiry** page include the following:

- **Please select a State:** *Required.* From the dropdown menu, select the state in which you want to find approved courses.
- **Education Type:** *Required.* From the dropdown menu, select either Pre-Licensing Education or Continuing Education.
- **Instruction Method:** If desired, select an option from the dropdown menu to limit the search to courses using a particular presentation method (e.g., Classroom, Self-Study, etc.). If you do not select a particular presentation method, the inquiry will report courses presented by all available methods.
- **Course Category:** If desired, click to checkmark one or multiple course categories based on the license types available in the selected state. If you do not checkmark any course categories, the inquiry will report courses in all course categories.
- **Course Hours:** To limit the search to only courses worth a certain number of credit hours, enter a numeric value. If you do not enter a value, the inquiry will report courses worth any number of credit hours.
- **Course ID:** To search for a specific course by its provider-assigned course ID, enter the ID. If you do not enter a value, the inquiry will ignore course ID as a search criterion.

- **Search By Keyword:** To search for a course by a keyword in the course name, enter a keyword or phrase. Does not support wildcard searches, but does support partial word or phrase searches. Enter a minimum of three and a maximum of 50 characters. Any character accepted, except percentage (%) and underscore (\_). If you do not enter a value, the inquiry will ignore keywords in the course name as search criteria.
- **Submit:** After selecting a state, click to display additional selection criteria. After entering all desired selection criteria, click to run the inquiry. The results will open in the **Results** page.
- **Change State:** Click to select a different state in which to find approved courses.
- **Cancel:** Click to return to either the Inquiries page (Producer Education Services) or the Education Services Menu (Education Provider Services).

### Inquiry Results

The **Results** page displays provider name and contact information that met your report criteria.

It contains the following controls:

- **Provider Name:** Click the link to view a provider's contact information.
- **Next Page:** If your inquiry result spans more than one page, click to display the succeeding inquiry result page.
- **Prev Page:** If your inquiry result spans more than one page, click to display the preceding inquiry result page.
- **Printable Version:** Click to open a printer-friendly version of the inquiry in a separate window.
- **Revise Inquiry:** Click to choose different selection criteria and resubmit the inquiry.
- **Cancel:** Click to return to either the Inquiries page (Producer Education Services) or the Education Menu (Education Provider Services).

### Viewing Approved Education Courses


To use the **Approved Courses Inquiry**, follow these step-by-step instructions. You can view a list of education courses, both instructor-led and self-study that are approved for credit in selected states. To find approved education providers in other states, contact the state insurance office.

1. Click the **Approved Courses Inquiry** link. The **Approved Courses Inquiry** page will open.
2. From the **Please Select a State** dropdown menu, select the state in which you wish to search for approved courses.
3. Click the **Submit** button.
4. *Required.* To search for approved pre-licensing education courses, select Pre-Licensing Education from the **Education Type** dropdown menu, or to search for approved continuing education courses, select Continuing Education from the **Education Type** dropdown menu.
5. If you want to search for all courses regardless of instruction method, do not select anything from the **Instruction Method** dropdown menu, and proceed to step 6, or if you want to search only for instructor-led courses, select Classroom from the **Instruction Method** dropdown menu, or if you want to search only for independent study courses, select Self-Study from the Instruction Method dropdown menu.
6. To search for a specific course by its course identifier, enter the identifier in the **Course ID** field.

7. To search for a course by a keyword or phrase in its course name or title, enter a minimum of three characters in the **Search by Keyword** field.
8. To limit the search only to certain course categories (e.g., Surety Bail Bond, Title, General, etc.), click to checkmark one or more **Course Category** checkboxes.
9. To limit the search only to courses worth a certain number of credit hours, enter a numeric value in the **Course Hours** field.
10. Click the **Submit** button. The **Results** page will open, displaying information about each course that met your search criteria, grouped by education provider name.
11. To view courses in another state or to change other search criteria, click the Revise Inquiry button.
12. When you are finished, click the **Cancel** button.

## Approved Providers Inquiry

Use the **Approved Providers Inquiry** page to view a list of approved education providers in selected states along with their contact information. You can also click a link to view a selected provider's available education courses.



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Approved Providers Inquiry

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[Virginia](#)

[West Virginia](#)

[Wisconsin](#)

[Wyoming](#)

**Education Type** Continuing Education \* Required

**Provider Name** A.D. Banker & Company, LLC

Submit
Cancel
Change State

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**Approved Providers Inquiry for the State of West Virginia**

No of Providers: 672  
State: West Virginia  
09-03-2012 05:29 PM CDT

Provider ID	Provider Name & Address	Contact Info	Courses
14698	<b>360training.com, Inc.</b> 13801 Burnet Road, Suite 100 Austin, TX 78727	Phone: 512-213-2361 Fax: 512-857-0937 Tel: 888-360-8764	<a href="#">Available Courses</a>
16388	<b>A B &amp; C Educational Service</b> 1314 Midmeadow Road, Towson, MD 21286	Phone: 443-465-6687 Fax: 866-575-8368	<a href="#">Available Courses</a>
11173	<b>A.D. Banker &amp; Company, LLC</b> 5000 College Blvd, Ste 120 Overland Park, KS 66211	Phone: 800-255-8408 Fax: 913-451-7633	<a href="#">Available Courses</a>
14195	<b>AAMGA Education Foundation - AAMGA University</b> 510 Freedom Business Center, Suite 110 King of Prussia, PA 19406	Phone: 610-992-0004 Fax: 610-992-0021	<a href="#">Available Courses</a>
11734	<b>ABC Self Study, Inc.</b> PO Box 195780, Winter Springs, FL 32719	Phone: 800-771-4885 Fax: 800-329-6660	<a href="#">Available Courses</a>

You may open the **Approved Providers Inquiry** page in the following ways:

- In the **Quick Start** box on the Vertafore home web page, click the **Look Up Education Courses/Credits** link to open the **Inquiries** page. Then click the **Approved Providers Inquiry** link.
- From the **Education** menu, click the **Approved Providers Inquiry** link.

Fields and controls on the **Approved Providers Inquiry** page include the following:

- **Please select a State:** *Required.* From the dropdown menu, select the state in which you want to find approved education providers.
- **Education Type:** *Required.* From the dropdown menu, select either Continuing Education to search for approved CE providers or Pre-licensing Education to search for approved PE providers.
- **Provider Name:** To search for a specific education provider, select the name of the provider from the dropdown menu. If no provider is selected, the inquiry will display all approved providers in the selected state.
- **Region:** To search for education providers in a specific region of the selected state, select the name of the region from the dropdown menu. If no region is selected, the inquiry will display all approved providers in all regions of the selected state.
- **Change State:** Click to select a different state in which to find providers.
- **Submit:** After selecting a state, click to display additional selection criteria. After entering all desired selection criteria, click to run the inquiry. The results will open in the **Results** page.
- **Cancel:** Click to return to either the Inquiries page (Producer Education Services) or the Education Services Menu (Education Provider Services).

### Inquiry Results

The **Results** page displays provider name and contact information that met your report criteria.

It contains the following controls:



- **Provider ID:** For each education provider listed, displays the provider's unique identification number.
- **Provider Name & Address:** For each education provider listed, displays the provider's name and business address.
- **Telephone:** For each education provider listed, displays the provider's business, fax, and toll telephone information.
- **Available Courses:** Click the link to view a provider's current approved courses.
- **Next Page:** If your inquiry result spans more than one page, click to display the succeeding inquiry result page.
- **Prev Page:** If your inquiry result spans more than one page, click to display the preceding inquiry result page.
- **Printable Version:** Click to open a printer-friendly version of the inquiry results in a separate window.
- **Revise Inquiry:** Click to choose different selection criteria and resubmit the inquiry.
- **Cancel:** Click to return to either the **Inquiries** page (Producer Education Services) or the **Education Services Menu** (Education Provider Services).

### Viewing Approved Education Providers

You can obtain a list of approved education providers in selected states along with their contact information. You can also click a link to view a selected provider's available education courses.

To find approved education providers in other states, contact the state insurance office.

1. Click the **Approved Providers Inquiry** link. The **Approved Providers Inquiry** page will open.
2. From the **Please Select a State** dropdown menu, select the state in which you wish to search for approved education providers.
3. Click the **Submit** button.
4. *Required.* To search for approved pre-licensing education providers, select **Pre-Licensing Education** from the **Education Type** dropdown menu OR To search for approved continuing education providers, select **Continuing Education** from the **Education Type** dropdown menu.
5. If you want to search for all providers offering courses in the education type you selected in step 3, do not select anything from the **Provider Name** dropdown menu, and proceed to step 5 OR If you want to search for a specific firm, select the name of the firm from the **Provider Name** dropdown menu.
6. Click the **Submit** button. The **Results** page will open, listing the provider(s)'s name, address, telephone number, and approval status. To view the provider's current courses, click the **Available Courses** link. For more information, see [Approved Courses Inquiry](#). For more information regarding a provider's courses, please contact the provider directly.
7. To view providers in another state or to change other search criteria, click the **Revise Inquiry** button.
8. When you are finished, click the **Cancel** button.

### Notes

For more information regarding a provider's courses, please contact the provider directly.

To find approved education providers in other states, contact the state insurance office.


## Continuing Education Transcript Inquiry

Run the **Continuing Education Transcript Inquiry** service to view an individual producer's continuing education transcript in certain states. In many states the transcript includes CE requirements in the current or a past license renewal/CE review period, course information applied to the requirements, and the producer's current CE status (Compliant, Pending, or Not Compliant).

Results are obtained directly in real time from a selected state's regulatory records. There is no fee for this service.

The screenshot shows a web interface for the 'Continuing Education Transcript Inquiry' service. On the left is a navigation menu with 'Online Services' highlighted, containing links for Education, Service Request, Inquiries, Sircon Edge, and Administration. The main content area has a title bar and a form with the following fields: State (Georgia), License Number (12345676889), Last Name (Doe), and Last 4 Digits of SSN (6789). Each field is marked as '\* Required'. Below the form are 'Submit' and 'Cancel' buttons. A footer contains navigation links (Home, Help, News Releases, FAQ, State Information, NAIC Information) and copyright information (© 1998-2013 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823).





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**Continuing Education Transcript Inquiry For the State of Idaho**

Education Review Period

[Print](#) Sep 3, 2012 5:37 PM

## Continuing Education Transcript

Licensee: SCOTT PORTER JOHNSON    Begin Date: 02-01-2011  
License: #35349 Resident Producer    Review Date: 01-31-2013  
State: Idaho

### Requirements

**Resident Producer**

Requirement	Required Hours	Applied Hours	Remaining Hours	Status
Ethics	3.0	17.0	0.0	Compliant
<b>Total</b>	<b>24.0</b>	<b>24.0</b>	<b>0.0</b>	Compliant

### Courses

Course ID	Course Name	Provider	Category	Course Hours	Instruction Method	Completion Date	Processed Date
2952709	Ethics in Insurance	STONERIVER REGED INC	Ethics	17.0	Self-study	08-13-2012	08-14-2012
<i>There are 17.0 hours applied to the Ethics and Total requirements.</i>							
2934805	Mutual Funds Multi-class Shares Suitability	STONERIVER REGED INC	Life	3.0	Self-study	08-13-2012	08-14-2012
<i>There are 3.0 hours applied to the Total requirement.</i>							
3183614	Long Term Care: 4 Hour Training Requirement	STONERIVER REGED INC	Long Term Care 4.0		Self-study	06-18-2012	06-19-2012
<i>There are 4.0 hours applied to the Total requirement.</i>							

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Use the following steps:

1. Click the **Continuing Education Transcript Inquiry** link. The **Continuing Education Transcript Inquiry** page will open.
2. *Required.* From the **State** dropdown menu, select the name of a state in which to search for an individual licensee's continuing education transcript. The page will refresh and display additional search fields.
3. *Required.* In the **License Number** field, enter the licensee's license number in the state you selected in the **State** field.
4. *Required.* In the **Last Name** field, enter the licensee's full last name. No wildcard or partial match searches are allowed.

5. *Required in some states.* If required, in the **Last 4 Digits of SSN** field, enter the final four digits of the licensee's Social Security Number.
6. Click the **Submit** button to run the inquiry. The page will refresh to display the results. If no producer met your search criteria, the following message will display: "Could not find an active license with the entered information. If you feel this information is in error, please contact your state's insurance licensing department."

The results display inline based on the search criteria you entered. Information includes the following:

- **Summary Information**
  - **Licensee**
  - **License**
  - **State**
  - **Begin Date** (Effective date of current license)
  - **Review Date** (Current license expiration date or date by which CE requirements must be met for the current review period)
- **Requirements**
  - **License Type Name** (License to which CE information applies)
  - **Requirement** (Course categories in which applied CE courses are required to be taken and completed)
  - **Required Hours** (Number of course hours required in current CE review period)
  - **Applied Hours** (Number of course completion hours applied to **Required Hours** value; may include hours carried over from preceding review period)
  - **Remaining Hours** (Value of **Applied Hours** subtracted from value of **Required Hours**)
  - **Status** (Current CE status)
- **Courses**
  - **Course ID** (State identifier of approved course)
  - **Course Name**
  - **Provider** (CE provider name)
  - **Course Hours** (Applied course hours)
  - **Instruction Method**
  - **Completion Date** (Course end date)
  - **Processed Date** (Date on which state processed course completion)
- **Courses Carried Forward From Previous Period** (Course hours completed in a preceding review period applied toward current review period)
  - **Course ID** (State identifier of approved course)
  - **Course Name**
  - **Provider** (CE provider name)
  - **Course Hours** (Applied course hours)
  - **Instruction Method**

- **Completion Date** (Course end date)
  - **Processed Date** (Date on which state processed course completion)
7. Review the results of your inquiry.
  8. By default the transcript includes course and requirement information for the current CE review period. If desired, select a previous CE review period from the **Education Review Period** dropdown menu. The results will refresh to display information for the selected review period.
  9. If your inquiry result spans multiple pages, click the **Next Page** button to display the next inquiry result page. Or, click the **Prev Page** button to display the previous inquiry result page.
  10. If desired, click the **Print** button () at the top of the page to print the results to a local printer.
  11. Click the **Revise Inquiry** button to return to the **Continuing Education Transcript Inquiry** search criteria page, where you can update selection criteria and resubmit the inquiry.

### **Notes**

If you do not know your license number, you can look it up using the free License Number/National Producer Number Inquiry service.

Results of the **Continuing Education Transcript Inquiry** service in some states may include only a raw listing of the continuing education course completions that are recorded for a selected licensee, without CE requirement, applied coursework, or CE status information. For more information, contact the state's department of insurance. Click the **State Information** link at the bottom of the page to find state contact information.

If a transcript appears to be incorrect or incomplete, first contact the CE provider to verify completion of a course and submission of the course completion to the appropriate state. Then, if necessary, contact the appropriate state department of insurance to verify record of the course completion.

Many state insurance departments are in the process of streamlining the administration of the continuing education for insurance providers and producers. Education providers now are electronically reporting course completions to the state for your continuing education credit. During this transition period, you may see a status of "waived" for your continuing education requirements on your continuing education transcript. A "waived" status does not mean necessarily that you do not have to complete your continuing education requirements -- you must complete your continuing education requirements, unless the insurance department has exempted you. If you have questions or concerns, please contact the appropriate state insurance department. Click the **State Information** link at the bottom of the page to find state contact information.

## ***Education Information Center***

Use this page to view video tutorials on using **Education Provider Services**, as well as important announcements about regulatory changes affecting education providers.

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### Education Information Center

Please select the item(s) you wish to view.

#### State Education Contact Information and Available Services

Choose a State

-- Choose a State --

#### State Notices

Click an item to view

- [See all notices](#)
- [Arizona Continuing Education Services](#)
- [Idaho Offers Electronic Course Renewal Attachments](#)
- [Vermont Offers Electronic Course Renewals](#)
- [Utah Education Services](#)
- [Georgia Offers Electronic Course Approval Application Service](#)
- [Pennsylvania Offers Additional Education Services](#)
- [West Virginia Education Services](#)
- [Mississippi Offers Electronic Provider Application Service](#)
- [Oklahoma Education Services](#)
- [Ohio Education Services](#)
- [PDF: Sircon Electronic Processing Fees Catalog](#)

#### Help Documents & Videos

Click an item to view

- [PDF: Cancel a Classroom Course Offering](#)
- [PDF: Waived CE Requirements](#)
- [PDF: Sircon for Education Providers Training Guide](#)
- [Video: Renewing Provider Courses](#)
- [Video: Printing a Course Completion Certificate](#)
- [Video: Submitting Pre-Licensing Course Completion Information](#)
- [Video: Running a Report of System Activity](#)
- [Video: An Overview of Sircon for Education Providers](#)
- [Video: Submitting Education Course Completion Information](#)
- [Video: Uploading Education Course Completion Information](#)

**Current User**  
11560: Valued Provider  
[Logout](#)


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To open the **Education Information Center** page, click the **Education Information Center** link on the [Education Services Menu](#) page.

# Course Maintenance

## Classroom Offering Maintenance

Use the **Classroom Offering Maintenance** service to keep the schedules of education provider course offerings, including locations, dates, and times, up to date in the state database. This will help ensure that producers will be able to find available class offerings in order to register to attend them.



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Classroom Offering Maintenance in the State of Utah


**Provider Name**  \* *Required*

**Course ID**

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Classroom Offering Maintenance in the State of Utah

No of Courses: 18 09-03-2012 03:26 PM CDT


**Provider:** A D BANKER & COMPANY LLC ( 156741 )  
5000 COLLEGE BLVD #120,  
OVERLAND PARK, KS 66211

Phone: 913-451-1280  
Fax : 913-451-1280  
Toll : 800-866-2468

Course ID	Course Name	Public	Credits	Category	Status	Type	
25354	4-Hour NAIC LTC Partnership Renewal Course	Y	4.0	Long Term Care	AC	CE	<a href="#">Add New Offering</a>
25563	All About UHE	Y	4.0	UHE Premium Assistance	AC	CE	<a href="#">Add New Offering</a>
25543	Annuity Training Course 1	N	3.0	Annuity Training	AC	CE	<a href="#">Add New Offering</a>
23648	Anti Money Laundering	Y	5.0	General	AC	CE	<a href="#">Add New Offering</a>
25546	Bail Bonds 101	N	2.0	Bail Bonds	AC	CE	<a href="#">Add New Offering</a>
25550	Bail Bonds 102	N	2.0	Bail Bonds	AC	CE	<a href="#">Add New Offering</a>
23643	Ethics and the Customer	Y	3.0	Ethics	AC	CE	<a href="#">Add New Offering</a>
25564	Everything you want to know about UHE	Y	3.0	UHE Basics	AC	CE	<a href="#">Add New Offering</a>
23640	Get a Life Term and Whole Life	Y	5.0	Life	AC	CE	<a href="#">Add New Offering</a>
23641	Get a Life Universal Life & VUL	Y	4.0	Life	AC	CE	<a href="#">Add New Offering</a>
23649	Identify Their Educating Your Clients	Y	5.0	General	AC	CE	<a href="#">Add New Offering</a>
23647	Insurance Ethics	Y	3.0	Ethics	AC	CE	<a href="#">Add New Offering</a>
23650	Long Term Care Partnership	Y	8.0	Long Term Care	AC	CE	<a href="#">Add New Offering</a>

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**Classroom Offering Maintenance in the State of Utah**

**Confirmation**

Provider : 481032959 - A D BANKER & COMPANY LLC  
 Course : 23648 - Anti Money Laundering  
 ServiceType : Course Offering Maintenance  
 Request Date : 09-03-2012  
 State : Utah  
 Requestor : Sam Meyer

Confirmation ID	Status	Reference ID	Action Taken	Error Message
11517457	Processed	28221	Create Offering	

Continue Processing Main Menu

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To open the **Classroom Offering Maintenance** page, click the **Classroom Offering Maintenance** link in the **Course Maintenance** section of the [Education Services Menu](#) page.

Fields and controls include the following:

- **Please select a State:** *Required.* From the dropdown menu, select the state in which you want to maintain course offerings.
- **Provider:** *Required.* From the dropdown menu, select the education provider firm or organization whose course offerings you want to maintain.
- **Course ID:** Enter the ID number of the approved course you want to maintain. Not required.
- **Submit:** After selecting a state, click to enter provider and/or course information. After entering state and provider or course information, click to view courses that met your selection criteria.
- **Cancel:** Click to return to the [Education Services Menu](#).
- **Change State:** Click to select a different state in which to maintain course offerings.
- **Add New Offering:** Click the link to display fields allowing you to maintain class information for the course.
- **Line One Address:** *Required.* Enter the street address of the location where the class will be offered.
- **Line Two Address:** Enter additional address information for the location of the class, such as building name.
- **City:** *Required.* Enter the city in which the class is to be offered.
- **State:** Select from the dropdown menu the state in which the class is to be offered.
- **Province:** If the class is to be held in Canada, select from the dropdown menu the province in which the class is to be offered.
- **Country:** If the class is to be held outside of the United States, select from the dropdown menu the country in which the class is to be offered.

- **Postal Code:** Enter the zip code of the class location.
- **Begin Date:** Enter the date on which the class will begin. Use the *mm-dd-yyyy* date format
- **End Date:** Enter the date on which the class will conclude. Use the *mm-dd-yyyy* date format
- **Begin Time:** Enter the time at which the class will begin on the **Begin Date**. Use the *hh:mm* format. Then, from the dropdown menu, select “AM” (to denote a morning hour) or “PM” (to denote an evening hour).
- **End Time:** Enter the time at which the class will conclude on the **End Date**. Use the *hh:mm* format. Then, from the dropdown menu, select “AM” (to denote a morning hour) or “PM” (to denote an evening hour).
- **Cancel Offering:** Click to checkmark to set the selected class to be canceled.
- **Cancellation Reason:** From the dropdown menu, select a cancellation reason.
- **Create:** When adding a new offering, click to submit the classroom offering information to the state database and display the **Confirmation** page.
- **Update:** When editing an existing offering, click to submit the classroom offering information to the state database and display the **Confirmation** page.
- **Continue Processing:** On the **Confirmation** page, click to post additional class schedules for other courses.
- **Main Menu:** On the **Confirmation** page, click to return to the [Education Services Menu](#) page.

## Updating Class Schedules

To use the **Classroom Offering Maintenance** service, use the following step-by-step instructions.

1. From the **Please select a state** dropdown menu, select the state in which you want to update class schedules.
2. Click the **Submit** button. The **Classroom Offering Maintenance** page will refresh to show additional options.
3. If you know the exact ID number of the approved course for which you want to post new class schedules, enter it in the **Course ID** field, click the **Submit** button, and then proceed to step 6, or if you do not know the exact ID number of the approved course for which you want to post new class schedules, select your company or organization name from the **Provider Name** dropdown menu.
4. Click the **Submit** button. The **Classroom Offering Maintenance** page will display a list of all of your company’s or organization’s education courses that have been approved in the selected state.
5. Click the **Add New Offering** link corresponding to the course whose class schedule information you want to update. The **Classroom Offering Maintenance** page will display fields for entering updated class schedule information for the selected course.
6. In the **Line One Address** field, enter the street address of the facility at which the class is to be conducted.
7. In the **Line Two Address** field, enter additional street address information (i.e., the name of the building or facility).
8. In the **City** field, enter the city in which the class is to be offered.
9. From the **State** dropdown menu, select the state in which the class is to be held.



10. In the **Postal Code** field, enter the zip code of the class location.
11. In the first **Begin Date** field, enter the month, day, and year the class is to be conducted. (Use the mm-dd-yyyy date format.)
12. In the **Begin Time** field, enter the time at which the class will start. (Use the hh:mm format.)
13. From the **Begin Time** dropdown menu, select “AM” (to denote a morning hour) or “PM” (to denote an evening hour).
14. In the **End Date** field, enter the month, day, and year the class is to conclude. (Use the mm-dd-yyyy date format.)
15. In the **End Time** field, enter the time at which the class will conclude. (Use the hh:mm format.)
16. From the **End Time** dropdown menu, select “AM” (to denote a morning hour) or “PM” (to denote an evening hour).
17. Repeat steps 6 through 16 to post additional offerings of the same course.
18. Click the **Create** button. Your posting will be transmitted to the selected state, and the **Confirmation** page will open. The **Confirmation** page contains confirmation and reference ID numbers. You may wish to either print the **Confirmation** page or record these numbers, just for future reference.
19. To post additional class schedules for other courses, click the **Continue Processing** button.

## Cancelling a Class

You may cancel a classroom offering in certain states. The offering must have a begin date on or after the current date to be eligible for cancellation. In addition, you must provide a cancellation reason.

1. Click the **Classroom Offering Maintenance** service and select the appropriate **State**.
2. Enter the **Course ID** number of the course you would like to cancel an offering, or click the **Submit** button to view a list of all classroom course offerings.
3. Click the **Offering ID** of the classroom course offering you would like to cancel.
4. On the **Classroom Offering Maintenance** page, check the **Cancel Offering** checkbox.
5. From the **Cancellation Reason**, select a reason for the class cancellation.
6. Click the **Update** button to cancel the offering.

### Notes

You may enter date and time information for multiple classroom offerings of the same course.


Ignore the **Province** and **Country** fields, unless the class is going to be held out of the United States.

To print any page, select the **Print** option from your browser toolbar.

## Course Renewal

You can use the **Course Renewal** service to renew state-approved pre-licensing or continuing education courses.





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### Course Renewal

#### Select Provider

Please select the state and the provider renewing the course. You may also enter the Course ID of the course to be renewed.

Provider  \*

State  \*

Course ID

\* = required field

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**Course Renewal**

**Select Course(s) to Renew**

You must select at least one course to renew.

**Virginia**

Note: If any course information or materials have changed since your last renewal or initial approval, then you cannot renew using this service. You must renew by submitting a course renewal request form with all course changes to the VA Bureau of Insurance. **Attestation:** By renewing any courses I am attesting to the fact that I am a VA formally approved Education Coordinator for this Provider; that I have completely read and followed all guidelines and requirements and understand the information listed above regarding course renewals.

**Courses to Renew in Virginia**

**Provider Name:** A.D. Banker & Company, LLC ( 124174 )

**EIN:** xx-xx2959

**Contact Person:** Laurie Coe

**Mailing Address:** 5000 College Blvd, Ste 120, Overland Park, KANSAS, 66211

Check All  Uncheck All

Renew?	Course ID	Course Name	Course Categories	Renewal ID	Renewal Date	Invoice ID	State Fee
<input type="checkbox"/>	68720	Agribusiness Risk Management	Property & Casualty	6885	12-31-2010		\$0.00
<input type="checkbox"/>	62321	Annuity Fundamentals	Laws & Regulations	8559	12-31-2010		\$0.00
<input type="checkbox"/>	274	Anti-Money Laundering	Other General Insurance	7257	12-31-2010		\$0.00
<input type="checkbox"/>	62343	CGL Sections I, II, III and IV	Property & Casualty	7683	12-31-2010		\$0.00
<input type="checkbox"/>	62344	CGL Sections V and VI	Other General Insurance, Property & Casualty	6572	12-31-2010		\$0.00
<input type="checkbox"/>	62309	Characteristics of Universal Life Insurance	Life & Health	7324	12-31-2010		\$0.00
<input type="checkbox"/>	62311	Characteristics of Variable and Variable Universal	Life & Health	8393	12-31-2010		\$0.00
<input type="checkbox"/>	66304	Commercial Lines	Property & Casualty	6748	12-31-2010		\$0.00


Check All  Uncheck All

**Current User**

11560: Valued Provider

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## Course Renewal

Processing Course Renewal: 1 of 1

### Attach Documents for a Course

You must attach any documents outlined in the state instructions below. Please limit the attachments to only Microsoft Word (.doc) or PDF (.pdf) documents less than 10 Megabytes in size.

**Indiana**

Indiana requires the following documents to be attached to the recertification (renewal) application:

- An electronic copy of THE QUEST FOR CONTINUING EDUCATION COURSE APPROVAL filed out in full along with all of the questions answered. When attaching this document, please select "Other" as the Document Type from the selection list in the Attach File section.
- A detailed timed content outline is required when renewing a course.

Providers completely need the following information in reference to course renewals:

- All new courses and course renewals are active for 24 months from the date of approval.
- Providers may renew courses online using this course renewal service.
- Courses must be renewed prior to their expiration date in order to remain active. For example, a course approved on September 10, 2009 will be active through September 30, 2011.
- If a course is not renewed prior to its expiration date, it will expire. Upon course expiration, the course sponsor will need to reapply with a full course submission along with the appropriate application fee.
- The only documentation that will be provided to show proof of renewal for a Continuing Education course will be the renewal confirmation page, provided at the end of the course renewal transaction. Course renewal approval letters will not be mailed. Print out the renewal confirmation page for your records.
- A course cannot be renewed if any of the course content or method of delivery has changed. Similarly, an approved course with changed content or method of delivery cannot continue to be taught. If a course content or delivery method has changed, submit the course as a new course submission.

Attention: By renewing any course(s) I am attesting that I am an Indiana approved Education Coordinator for this Sponsor, that I have completely read and followed all guidelines and requirements and understand the information listed above regarding course renewals.

### Attach Documents

Provider Name: A. D. BANKER & COMPANY (71004)  
 EIN: xx-xxx2959  
 Contact Person: LAURIE COE  
 Mailing Address: 5000 COLLEGE BLVD STE 120, OVERLAND PARK, Kansas, 66211-1871

State: Indiana  
 Course ID: 22138  
 Course Name: IDENTITY THEFT: EDUCATING YOUR CLIENTS

### Attach File

Document Type  \*

File  Browse... \*

\* = required field

**Current User**  
11580: Sam Meyer  
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**Course Renewal**

Processing Course Renewal: 1-2 of 2

**Renewal Summary**

Please review the renewal information and press submit to process with the state.

**Wisconsin**  
 NOTE: If a course has a significant change to the content outline, then the course must be resubmitted as a new course, with a new fee. After review and approval, the course will be issued a new course number.

**Courses to Renew in Wisconsin**


**Provider Name:** INSURANCESTUDY.COM ( 20915 )  
**EIN:** xx-xx0230  
**Contact Person:** ED ZUREK  
**Mailing Address:** America's Health Insurance Plans, 1400 Lake Cook Road, Suite 150,  
 Buffalo Grove, Illinois, 60089

Course ID	Course Name	Course Categories	Renewal ID	Renewal Date	Invoice ID	State Fee
58086	CBC TRAINING IN HSAs, HRAs, FSAs	Health	7813	05-16-2009	503421	\$40.00
57981	GROUP BENEFITS DISABILITY SPEC	Health & Life	7404	04-02-2009	494812	\$40.00

**Fee Summary**

State	State Fee	Sircon Fee	Sub Total
Wisconsin	\$80.00	\$0.00	\$80.00
<b>Total Amount</b>			<b>\$80.00</b>

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**Course Renewal** Jan 25, 2013 3:09 PM EST [Print](#)

Finished Processing Course Renewal: 1-2 of 2

**Renewal Confirmation**

Confirmation ID	State	Course ID	Course Name	Renewal Date	Status
3866553	Wisconsin	58086	CBC TRAINING IN HSAs, HRAs, FSAs	05-16-2010	✔ Approved
3866554	Wisconsin	57981	GROUP BENEFITS DISABILITY SPEC	04-02-2010	✔ Approved

**LEGEND**

✔ = Renewal was submitted successfully and automatically approved by the state.

🔍 = Renewal was submitted successfully and is under review by the state. Course Renewals that are under review by the state will show a new renewal date on the [Approved Courses Inquiry](#) once the state has processed the renewal.

⚠ = State service is temporarily unavailable. Please try again later.

**Fee Summary**

State	State Fee	Total Sircon Fee:	Sub Total
Wisconsin	\$80.00	\$0.00	\$80.00
<b>Total Amount</b>			\$80.00

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To open the **Course Renewal** page, click the **Course Renewal** link in the **Course Maintenance** section of the [Education Services Menu](#) page.

## Renewing an Education Course

Use the following steps to renew an approved pre-licensing or continuing education course:

1. Click the **Course Renewal** link in the **Course Maintenance** section of the **Education Services Menu**. The **Course Renewal** page will open.
2. From the **Provider** dropdown menu, select your education provider name.
3. If you want to renew eligible courses in a single state, select the state name from the **State** dropdown menu, or if you want to renew eligible courses in all states accepting electronic renewals through Education Provider Services, select "All Available States" from the **State** dropdown menu.
4. If you want to renew all eligible courses available in all states, proceed to step 5, or if you want to renew just one eligible course, and you know the exact ID number of the course as recorded in the selected state's system, enter it in the **Course ID** field.
5. Click the **Continue** button. The **Course Renewal** page will refresh to show additional options. If you selected to renew courses in one state, all courses that are eligible for renewal in that state will display in the **Courses to Renew in [StateName]** section of the page. If you selected "All Available States" from the **State** dropdown menu, all courses that are eligible to be renewed in each state will display in separate **Courses to Renew in [StateName]** sections.

6. To select a course to renew, click to checkmark its corresponding **Renew?** checkbox. Or, click the **Check All** button to select all courses available to renew.
7. If the state requires additional documentation to submit with the renewal, click the **Browse** button to find an electronic document file on your computer or network, and then click the **Attach** button.
8. Repeat steps 5 and 6 to renew courses in multiple states.
9. When you are finished, click the **Continue** button. The **Course Renewal - Selected Courses to Renew Summary** page will open.
10. Review and confirm the information on the **Course Renewal - Selected Courses to Renew Summary** page, including the renewal fee totals displaying in the **Fee Summary** section.
11. If all information displaying on the **Course Renewal - Selected Courses to Renew Summary** page is satisfactory, then click the **Submit** button. Your course renewal request will be submitted for approval to the selected state(s), and the renewal fees will be applied to your Education Provider Services subscriber account balance. The **Course Renewal - Confirmation** page will open, displaying a condensed summary of the submitted course renewal request(s), including **Confirmation ID** number and the **Status** of the request. It also displays total transaction fees.
12. When you are finished, click the **Done** button to return to the **Education Services Menu** page.

### **Notes**

If the system finds that multiple entities are recorded in state systems with the same **Employer Identification Number (EIN)** as the provider you selected initially, the **Duplicate Provider** page will open. You must verify the provider by re-selecting the provider name from the **Provider** dropdown menu, and then click the **Continue** button to proceed.

To select all courses displaying in a **Courses to Renew in [StateName]** section, click the **Check All** button to place a checkmark in all **Renew?** checkboxes.

To de-select all selected courses displaying in a **Courses to Renew in [StateName]** section, click the **Uncheck All** button.


Check the legend below the **Renewed Course(s) Confirmation** section for definitions of the symbols appearing in the **Status** field. The **✘** symbol indicates an error with the request transaction; contact your Vertafore customer support representative for assistance.

The size of an attached electronic file must not exceed 1 megabyte (MB).

To apply for state approval of a new course, see [Continuing Education Course Application](#).

## ***Continuing Education Course Application***

You can use the **Continuing Education Course Application** service to apply to your home state for approval of new continuing education courses. Then, once the home state application is approved, you can apply for course approval in reciprocal states (states that accept course applications based on approval in your home state).



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### Continuing Education Course Application

#### Select Provider

\* = required field

**Provider \***


**Course Applied To \***  Home State  Reciprocal State

<input type="checkbox"/> Arizona	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Nevada	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Georgia	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Idaho	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Indiana	<input type="checkbox"/> Texas	

**State \***

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**Continuing Education Course Application**

**Provider Information**

**Provider**

Provider Name A.D. Banker & Company, LLC  
 EIN 48-1032959

Is Provider an Insurer? No

---

**Mailing Address and Contact Information for West Virginia**

**Contact Person**

E-mail Address laurie@mail.adbanker.com  
 Fax Number 9134517833  
 Phone Number 800-255-0408  
 Ext 214

Line One 5000 College Blvd  
 Line Two Ste 120  
 Line Three

City Overland Park  
 State Kansas  
 Zip Code 66211

Note: The state does not have your contact/coordinate information on record. Please update the state with your primary contact/coordinate information.

**Home state Information**

\* - required field

Home State \*

Home State Provider # \*

I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours, or when otherwise allowed by the non-home state.

**Course Information**

\* - required field

Course Title \*

Instruction Method \*

Presentation Method \*

Is this course open to Public? \*  Yes  No

National Insurance Designation? \*  Yes  No

Examination Required? \*  Yes  No

First Presentation Date

Requested credit hours \*


State	Course Category *	Hours *
West Virginia	<input type="text"/>	<input type="text"/>

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**Continuing Education Course Application**

**State Requirements**

**West Virginia**  
 The West Virginia Office of the Insurance Commissioner requires the following documents to be attached to this application:

- Detailed/timed outline
- CER/Home State Approval Letter

**Attach File**

\* = required field

Document Type \*

File \*


**Attached Files**

Remove	File Name	Document Type	File Size(Bytes)
<input type="checkbox"/>	Home State Approval Letter.pdf	Home State Approval Letter	459591

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**Continuing Education Course Application - Summary**

Please review all of the data on this page before you submit the Course Application. Once submitted, the Course Application will be transmitted to the state(s) for review.

**Provider Information**

**Provider**  
**Provider Name** A.D. Banker & Company, LLC  
**EIN** 48-1032959  
**Is Provider an Insurer?** No

**Mailing Address and Contact Information for West Virginia**  
**Contact Person**  
**E-mail Address** laurie@mail.adbanker.com  
**Fax Number** 9134517633  
**Phone Number** 800-255-0408  
**Ext** 214  
**Line One** 5000 College Blvd  
**Line Two** Ste 120  
**Line Three**  
**City** Overland Park  
**State** Kansas  
**Zip Code** 66211

Note: The state does not have your contact/coordinator information on record. Please update the state with your primary contact/coordinator information.

**Home state Information**

**Home State** Kansas  
**Home State Provider #** 12345

I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours, or when otherwise allowed by the non-home state.

**Course Information**

**Course Title** West Virginia P&C 101  
**Instruction Method** Classroom  
**Presentation Method** Seminar/Workshop  
**Is this course open to Public?** Yes  
**National Insurance Designation?** No  
**Examination Required?** No  
**First Presentation Date**  
**Requested credit hours** 6

State	Course Category	Hours
West Virginia	General	6.0

**Attached Files**

File Name	Document Type
Home State Approval Letter.pdf	Home State Approval Letter

**Fee Information**

State	Sircon® Fee	State Fee	Sub Total
West Virginia	\$40.00	\$0.00	\$40.00
<b>Total Amount</b>			<b>\$40.00</b>


**Attestation**

**West Virginia**  
 By submitting this application, you agree that you are authorized to submit course applications on behalf of the provider. You also agree that, to the best of your knowledge, all information and documents attached to this application are current and accurate.

Agree \*Required

[Back](#) [Submit](#) [Cancel](#)

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 11560: Sam Meyer  
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### Continuing Education Course Application - Confirmation

[Printable version](#)

**Transaction Information**

State	Confirmation ID	Course ID	Status
West Virginia	11517448	99281	Pending State Review

**Provider Information**

*Provider*

**Provider Name** A.D. Banker & Company, LLC

**EIN** 48-1032959

**Is Provider an Insurer?** No

*Mailing Address and Contact Information for West Virginia*

**Contact Person**

**E-mail Address** laurie@mail.adbanker.com

**Fax Number** 9134517833

**Phone Number** 800-255-0408

**Ext** 214

**Line One** 5000 College Blvd

**Line Two** Ste 120

**Line Three**

**City** Overland Park

**State** Kansas

**Zip Code** 66211

Note: The state does not have your contact/coordinator information on record. Please update the state with your primary contact/coordinator information.

**Home state Information**

**Home State** Kansas

**Home State Provider #** 12345

I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours, or when otherwise allowed by the non-home state.

**Course Information**

**Course Title** West Virginia P&C 101

**Instruction Method** Classroom

**Presentation Method** Seminar/Workshop

**Is this course open to Public?** Yes

**National Insurance Designation?** No

**Examination Required?** No

**First Presentation Date**

**Requested credit hours** 6

State	Course Category	Hours
West Virginia	General	6.0

**Attached Files**

File Name	Document Type
Home State Approval Letter.pdf	Home State Approval Letter

**Fee Information**

State	Siron® Fee	State Fee	Sub Total
West Virginia	\$40.00	\$0.00	\$40.00
<b>Total Amount</b>			\$40.00

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To open the **Continuing Education Course Application** page, click the **Continuing Education Course Application** link on the [Education Services Menu](#) page.

Fields and controls include the following:

- **Provider:** Select your education provider name from the dropdown menu.

- **Course Applied to - Home State:** Click the radio button to apply for course approval in your residence state, and then click the radio button that corresponds to your residence state.
- **Course Applied to - Reciprocal State:** Click the radio button if you have already gained approval of the course in your residence state and are applying for course approval in a state that accepts course applications based on home-state approval. Then, click to checkmark the checkbox(es) that correspond(s) to the reciprocal state(s) to which you want to apply.
- **Continue:** Click to validate and save existing data and proceed with the process.
- **Home State:** If you are applying for course approval in one or multiple reciprocal states, select from the dropdown menu the residence state that has already approved the course for which you are applying for reciprocal state approval.
- **Home State Provider #:** If you are applying for course approval in one or multiple reciprocal states, enter your provider number as recorded with your residence state.
- **Course Title:** Enter the name of the course.
- **Instruction Method:** Select from the dropdown menu either "Classroom" or "Self-Study."
- **Presentation Method:** Select from the dropdown menu the media or method by which the course material is presented.
- **Is this course open to the Public?:** Click the **Yes** radio button if the course is open for enrollment to the public at large, or click the **No** radio button if only members of a specific company or organization may enroll in the course.
- **National Insurance Designation?:** Click the **Yes** radio button if course credit can be applied toward national certification programs, or click the **No** radio button if course credit cannot be applied toward national certification programs.
- **Course offered by Higher Education Institution?:** Click the **Yes** radio button if the course is being offered by an accredited college or university, click the **No** radio button if the course is not being offered by an accredited college or university.
- **Examination Required?:** Click the **Yes** radio button if enrollees must take and pass an examination to earn course credits, or click the **No** radio button if enrollees are not required to take an examination to earn course credits.
- **Requested credit hours:** Enter the proposed number of credit hours enrollees would earn by taking and passing the course.
- **Course Category:** Select from the dropdown menu a course category.
- **Document Type:** Select from the dropdown menu select the type of supporting document you are uploading to the system for transmission to the state.
- **File:** Enter the fully qualified path to the document you are electronically submitting to the state.
- **Browse:** Click to open the **Choose File** dialog box, allowing you to browse on your system for a supporting document to upload to the system for transmission to the state.
- **Attach:** Click to upload the selected supporting document file to the system.
- **Remove:** Click to checkmark the checkbox, and then click the **Remove** button to remove an uploaded file.
- **Back:** Click to return to the preceding page.
- **Cancel:** Click to return to the [Education Services Menu](#) page.
- **Submit:** Click to submit the course application and accompanying documentation to the selected state(s) for approval and to display the **Confirmation** page.

- **Submit Another Application:** Click to restart the process with a new course application.
- **Done:** Click to return to the [Education Services Menu](#) page.

## Applying for State Approval of a Continuing Education Course

Use the following steps to apply for state approval of a new continuing education course:

1. Select **Provider**. Defaults to the provider's secure account.
2. Select whether to apply in your **Home State** or a **Reciprocal State**.
3. Select the actual state to which you want to apply for state approval.
4. Enter course information.
5. Select document type and attach course documents.
6. Review the course application summary including fees.
7. Click to checkmark the **Attestation** checkbox.
8. Click the **Submit** button.
9. Review the course application summary page.
10. Click the **Done** button to exit.

### Notes

The size of an attached electronic file must not exceed 1 megabyte (MB).

You may attach an electronic file in the following file formats only: .DOC, .DOCX, .PDF, .PPT, .PPTX.

To renew state approval of an existing course, see [Course Renewal](#).

The **Continuing Education Course Application** service can support discounted fees or fee waivers, based on the number of course applications submitted to a state that allows volume discounts. If you submit a certain, configurable number of course applications to a participating state within a calendar year at an established state fee, the state fees for all successive course applications submitted in the same year can be discounted or waived. For more information, contact the state insurance department.

## Course Assignment

Use the **Course Assignment** service to assign a course owned by one provider (assignor) to be used by another provider (assignee). Assigned courses have an active date and termination date and cannot be renewed.

**Course Assignment: Select State and Assignor Provider**

Please select the state and the provider assigning the course (the assignor). You may also enter the Course ID of the course to be assigned.

State:  \*

Assignor Provider Name:  \*

Course ID:

\* = required field

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**Course Assignment: Select Course**

Please select the course you would like to assign to another provider:

**A D BANKER & COMPANY, L.L.C. (32723)**

Course Name	Categories	Hours
<input type="radio"/> 2011 Texas Annuity CE Course (4 Hour Annuity Suitability) (35005)	CE-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity CE Course-Self Study (6 Hour Annuity Suitability) (35507)	CE-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity Training Course (85470)	Cert-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity Training Course-Self Study (85471)	Cert-Annuity	4.0
<input type="radio"/> 4-Hour RAC LTC Partnership Renewal Course (28767)	General	4.0
<input type="radio"/> ANNUITIES CONCEPTS (17651)	General	7.5
<input type="radio"/> BUSINESS ETHICS (7111)	Ethics	15.0
<input type="radio"/> COMPREHENSIVE ANNUITY COURSE (17537)	General	15.0
<input type="radio"/> Covering Mainstreet Business Auto Coverage Form (27453)	General	4.0
<input type="radio"/> Covering Mainstreet The Businessowners Policy (27431)	General	4.0
<input type="radio"/> ETHICAL SOLUTIONS (17559)	Ethics	2.0
<input type="radio"/> ETHICS IN THE INSURANCE MARKETPLACE (17561)	Ethics General	2.0 3.5
<input type="radio"/> Ethics for the Insurance Professional (29075)	Ethics	2.0
<input type="radio"/> FLOOD INSURANCE RFP (17563)	General	3.0
<input type="radio"/> Get a Life: Term and Whole Life (29991)	General	4.0
<input type="radio"/> Get a Life: Universal Life and VUL (29993)	General	4.0
<input type="radio"/> LIFE & HEALTH INSURANCE ESSENTIALS (17567)	General	7.5
<input type="radio"/> LONG TERM CARE PARTNERSHIPS (21187)	Cert-LTC-Partnership	8.0
<input type="radio"/> LTCF 4 Hour Renewal (80848)	CE-LTC-Partnership	4.0
<input type="radio"/> Long Term Care Partnership (29077)	Cert-LTC-Partnership	8.0
<input type="radio"/> MODERN RETIREMENT PLANNING (7125)	General	15.0
<input type="radio"/> NATIONAL FLOOD INSURANCE PROGRAM (7127)	General	3.0
<input type="radio"/> PERSONAL LIVES (7133)	General	7.5
<input type="radio"/> PROPERTY & CASUALTY INSURANCE ESSENTIALS (7129)	General	7.5

**Course Assignment: Select Assignee Provider**

---

**Course Assignment Information**

Course Name: PERSONAL LINES      Assignor Provider: A D BANKER & COMPANY, L.L.C. (32723)  
 Course ID: 7133

**Assignee Provider**

Please enter the Provider ID of the provider who will be assigned this course (the assignee):

Assignee Provider ID:  \*

\* = required field

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---

**Course Assignment: Questions**

---

**Course Assignment Information**

Course Name: PERSONAL LINES      Assignor Provider: A D BANKER & COMPANY, L.L.C. (32723)  
 Course ID: 7133      Assignee Provider: Independent Insurance Agents of Dallas (32216)

**Questions**

The following questions must be answered: [See detailed instructions](#)

- 1) Will assignee change more than 25% of the certified course content?     Yes  No
- 2) Will assignee change the number of certified course credit hours?     Yes  No
- 3) Will assignee change the type of certified course credit hours?     Yes  No
- 4) Will assignee write and use examinations different from those developed by assignor?     Yes  No
- 5) Will course be open to the public?     Yes  No

Calendar date that the assignment will be effective (today):  /  /   
Month    Day    Year

What is the calendar date that the assignment will be terminated?  /  /  \*  
Month    Day    Year

\* = required field

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### Course Assignment: Attestation

---

#### Course Assignment Information

Course Name: PERSONAL LINES	Assignor Provider: A D BANKER & COMPANY, L.L.C. (32723)
Course ID: 7133	Assignee Provider: Independent Insurance Agents of Dallas (32316)
Effective Date: Sep 4, 2012	Open to the Public? Yes
Termination Date: Sep 4, 2013	

---

#### Attestation

Please check the agreement box after reading the following:

We attest that we will conform to the provisions of 28 TAC §§19.1008(f) and 19.1012(b) (3).

I Agree \*

\* = required field

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### Course Assignment: Summary

---

#### Course Assignment Information

Course Name: PERSONAL LINES	Assignor Provider: A D BANKER & COMPANY, L.L.C. (32723)
Course ID: 7133	Assignee Provider: Independent Insurance Agents of Dallas (32316)
Effective Date: Sep 4, 2012	Open to the Public? Yes
Termination Date: Sep 4, 2013	

---

#### Course Assignment Fee Summary

Total State Fee:	\$50.00
Total Siron Fee:	\$0.00
<b>Total Fee:</b>	<b>\$50.00</b>


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**Course Assignment: Confirmation** Sep 4, 2012 11:35 AM CDT 

 Your Course Assignment was approved by the state.

Confirmation ID: 11517523

Newly Assigned Course ID: 30858

---

**Course Assignment Information**

Course Name: PERSONAL LINES	Assignor Provider: A D BANKER & COMPANY, L.L.C. (32723)
Course ID: 7133	Assignee Provider: Independent Insurance Agents of Ocala (32316)
Effective Date: Sep 4, 2012	Open to the Public? Yes
Termination Date: Sep 4, 2013	

---

**Course Assignment Fee Summary**

Total State Fee:	\$50.00	
Total Simon Fee:	\$0.00	
<b>Total Fee:</b>	<b>\$50.00</b>	

---

**Course Assignment Questions**

Will assignee change more than 20% of the certified course content?  Yes  No

Will assignee change the number of certified course credit hours?  Yes  No

Will assignee change the type of certified course credit hours?  Yes  No

Will assignee write and use examinations different from those developed by assignor?  Yes  No

Will course be open to the public?  Yes  No


---

**Course Assignment Attestation**

We attest that we will conform to the provisions of 28 TAC §§19.1088(f) and 19.1012(b) (3).

To open the **Course Assignment** page, click the **Continuing Education Course Assignment** link on the [Education Services Menu](#) page.

Use the following steps to assign a course:

1. Select a **State** and an **Assignor Provider Name**. (**Course ID** is an optional field.)
2. Click the **Continue** button.
3. Click a radio button to select a course to assign to another provider.
4. Click the **Continue** button.
5. Enter the provider number of the course "assignee," which is the provider to whom you wish to assign the course.
6. Click the **Continue** button.
7. Answer the questions regarding use of the course after it is assigned.
8. If desired, update the date on which the course assignment will be effective. The date defaults to today's date.
9. Enter the date on which the assignment of the course will be terminated.
10. Click the **Continue** button.
11. Read the **Attestation**. If you wish to move forward with the process, click to checkmark the **I Agree** checkbox, and then click the **Continue** button.
12. Review the **Course Assignment Fee Summary**. If you agree with all charges and information, click the **Process** button to finalize the course assignment.
13. Once the assignment has been processed and approved by the state, you will receive a confirmation page with a summary of all information. Click the **Print** icon () to print this page for your records.

14. Click the **Done** button to go back to the [Education Services Menu](#) page.


**Notes**

You must enter a valid assignee number in the **Assignee Provider ID** field.

# Course Completions

## Continuing Education Course Completions

Use the **Continuing Education Course Completions** service to submit information to a state about individual licensees who have completed a particular course to satisfy continuing education or licensure requirements.



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### Continuing Education Course Completions in the State of Idaho

**Provider Name**  \* *Required*

**Course ID**

**Course Completion Date**  (mm-dd-yyyy)

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**Course Assignment: Select Course**

Please select the course you would like to assign to another provider:

**A B BANKER & COMPANY, L.L.C. (32723)**

Course Name	Categories	Hours
<input type="radio"/> 2011 Texas Annuity CE Course ( 4 Hour Annuity Suitability) ( 35505 )	CE-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity CE Course-Self Study (6 Hour Annuity Suitability) ( 35507 )	CE-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity Training Course ( 35470 )	Cert-Annuity	4.0
<input type="radio"/> 2011 Texas Annuity Training Course-Self Study ( 35471 )	Cert-Annuity	4.0
<input type="radio"/> 4-Hour NAIC LTC Partnership Renewal Course ( 25767 )	General	4.0
<input type="radio"/> ANNUITIES CONCEPTS ( 17651 )	General	7.5
<input type="radio"/> BUSINESS ETHICS ( 7111 )	Ethics	15.0
<input type="radio"/> COMPREHENSIVE ANNUITY COURSE ( 17537 )	General	15.0
<input type="radio"/> Covering Mainstreet: Business Auto Coverage Form ( 27453 )	General	4.0
<input type="radio"/> Covering Mainstreet: The Businessowners Policy ( 27451 )	General	4.0
<input type="radio"/> ETHICAL SOLUTIONS ( 17559 )	Ethics	2.0
<input type="radio"/> ETHICS IN THE INSURANCE MARKETPLACE ( 17561 )	Ethics General	2.0 2.0
<input type="radio"/> Ethics for the Insurance Professional ( 29075 )	Ethics	2.0
<input type="radio"/> FLOOD INSURANCE RFP ( 17563 )	General	3.0
<input type="radio"/> Get a Life: Term and Whole Life ( 29091 )	General	4.0
<input type="radio"/> Get a Life: Universal Life and VUL ( 29093 )	General	4.0
<input type="radio"/> LIFE & HEALTH INSURANCE ESSENTIALS ( 17567 )	General	7.5
<input type="radio"/> LONG TERM CARE PARTNERSHIPS ( 21187 )	Cert-LTC-Partnership	8.0
<input type="radio"/> LTCF 4 Hour Renewal ( 80848 )	CE-LTC-Partnership	4.0
<input type="radio"/> Long Term Care Partnership ( 29077 )	Cert-LTC-Partnership	8.0
<input type="radio"/> MODERN RETIREMENT PLANNING ( 7125 )	General	15.0
<input type="radio"/> NATIONAL FLOOD INSURANCE PROGRAM ( 7127 )	General	3.0
<input type="radio"/> PERSONAL LINES ( 7133 )	General	7.5
<input type="radio"/> PROPERTY & CASUALTY INSURANCE ESSENTIALS ( 7135 )	General	7.5



information, click to submit the continuing education course completion information to the selected state.

- **Cancel:** Click to leave the page without running the inquiry.
- **Change State:** Click to select a different state to which to submit course completions.
- **Course ID:** From the list of courses, click the link that corresponds to the course for which you want to submit course completion information.
- **Course Offering:** From the list of courses and course offerings, click the link that corresponds to the course offering for which you want to submit course completion information.
- **Submit Method:** Click a radio button corresponding to the method by which to identify producers who successfully completed the course: SSN, National Producer Number, or License Number (in the selected state).
- **Identifier:** Student or instructor identifier. Enter any of SSN, National Producer Number, or License Number (in the selected state)
- **SSN:** Enter the Social Security Number of students who successfully completed the course or of instructors who led the course.
- **National Producer Number:** Enter the National Producer Number (NPN) of students who successfully completed the course or of instructors who led the course.
- **License Number:** Enter the state license number of students who successfully completed the course or of instructors who led the course.
- **Last Name:** Enter the last names of the students who successfully completed the course or of the instructors who led the course.
- **Continue Processing:** On the Confirmation page, click to post additional class schedules for other courses.

### **Submitting a Continuing Education Course Completions Roster**

Use the following steps to submit a CE course completions roster:

1. From the **Select a State** dropdown menu, select the state where you want to record a continuing course completion in the regulatory database.
2. Click the **Submit** button. The **Course Information** page will open.
3. *Required.* In the **Provider ID** field, enter the identification number of the continuing education course provider.
4. In the **Course ID** field, enter the identification number of the continuing education course.
5. In the **Course Completion Date** field, enter the date on which the continuing education course was completed. (Use the *mmdyyy* date format.)
6. Click the **Submit** button. The **Submit Method** page will open.
7. To identify producers who completed the course by their Social Security Numbers, click the **SSN** radio button, or to identify producers who completed the course by their National Producer Numbers (NPN), click the **National Producer Number** radio button, or to identify producers who completed the course by their license numbers in the selected state, click the **License Number** radio button. After you make your selection, the **Course Roster** page will open. Header information on this page shows the course provider name and ID, the course name and ID, the course category, the number of credit hours, and the course completion date. The page also contains rows of fields in which you can record identification data of the producers who completed the course.

8. If you chose on the **Submit Method** page to identify producers by their Social Security Numbers, in the top and leftmost **SSN** field, enter the Social Security Number of a producer who successfully completed the course, or if you chose on the **Submit Method** page to identify producers by their National Producer Numbers (NPN), in the top and leftmost **NPN** field, enter the National Producer Number (NPN) of a producer who successfully completed the course, or if you chose on the **Submit Method** page to identify producers by their license numbers in the selected state, in the top and leftmost **License Number** field, enter the license number of a producer who successfully completed the course.
9. In the **Last Name** field, enter the last name of a producer who successfully completed the course.
10. Repeat steps 8 and 9 to enter the information in successive fields for other producers who completed the course.
11. At the bottom of the page, enter the identifier (SSN, NPN, or License Number) of the class instructor(s).
12. Enter the number of hours the class instructor(s) is to be credited for teaching the class in each course category displayed (i.e., Flood, General, etc.).
13. When you are finished, click the **Submit** button. The system will transmit continuing education course completion information in the selected state database for the identified students. The **Confirmation** page will open. This page displays confirmation information about continuing education course completion record, including Confirmation Number(s), Reference ID, and the Social Security Number, First and Last Name, and Birth Date (if entered) of each producer you entered in the record.
14. To process another continuing education course completion record, click the **Process Another** button. The **Course Information** page will re-open.
15. To complete the operation, click the **Cancel** button.

### Notes

The **Student Last Name** field is required only in certain states; however if you enter a value in the **Student Last Name** field, then it will be validated against the state database. If your state does not require last name information and you do not enter a value in the **Student Last Name** field, then only the data that you do enter will be used for validation.

If you do not enter information in the **Course ID** or **Course Completion Date** fields, when you click the **Submit** button the **Continuing Education Course Completions** page will refresh and display a list of all of your company's or organization's CE current courses and course offerings that are approved in the state you selected. Locate the specific class for which you want to enter roster information, and click the corresponding **Course ID** or **Offering ID** link to continue.

The total instructed hours must equal the total number of credit hours for the course.

Errors identified on the confirmation page are typically the result of incorrect data entry. If you receive an error, use the error description to pinpoint the error. Resolve the error, and then resubmit the information.

To print any page, select the **Print** option from your browser toolbar.

## *Upload Continuing Education Course Completions*

Use the **Upload Continuing Education Course Completions** page to select your course completions record file and upload it to Education Provider Services.

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### Upload Continuing Education Course Completions

Please select a file to upload that is in comma separated format. See help for further details on the file format.

File to upload:

By using this service, you agree to the [Terms and Conditions](#).

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Choose File to Upload

Libraries > Documents > My Documents > CE Demonstrations - Sircon CX >

Organize ▾ New folder

**Documents library**  
CE Demonstrations - Sircon CX

- Brochures
- FINRA Demos 11-26-08
- Provider Renewals
- Provider Sircon CX Fees 2010
- PSI Partnership & LP
- 1 - National CE Upload File - SAMPLE.csv
- 2 - National CE Upload File - SAMPLE.csv
- 2009 Texas Education Provider Services.pdf
- 2012 National CE Upload File - SAMPLE.csv
- Cancel a course offering.htm
- CE Dashboard 3-12-09.png
- CE Data Course Completions - Template.csv
- CE Demos - TX 1 - Sam Meyer - Upload Course Completion Spreadsheet.csv
- CE Demos - TX 2 - 6 TX producers - Upload Course Completion Spreadsheet.csv
- CE Demos - TX 3 - Upload Course Completion Spreadsheet.csv
- CE Demos - Upload Course Completion Spreadsheet.csv

To open the **Upload Continuing Education Course Completions** page, click the **Upload Continuing Education Course Completions** link on the [Education Services Menu](#) page.



## Preparing a Course Completions Record File

Before you can upload a course completions record file, first you must format your data so that it is readable by Education Provider Services.

The course completions upload function requires a comma-separated format file, or \*.csv. To format your course completions record file, we recommend the use of a spreadsheet application, such as Microsoft® Excel®.

Use the following instructions for formatting a course completions file using a spreadsheet application:

1. Launch a spreadsheet application, such as Microsoft® Excel®.
2. With a new, blank spreadsheet open, using consecutive cells in Row 1, enter the field names as expressed in the **Field Name** column of Basic Education Provider Services Course Completions Upload File Layout Requirements.  
  
The field names you enter in Row 1 constitute the file's header row. The header row will make it easier for you to enter course completion data in the correct fields. However, the course completions upload function will ignore header row data.
3. In the appropriate cells in Row 2 of the spreadsheet, enter actual data from the first course completion record. For example, enter the first record's state abbreviation in the **State** field, enter the first record's provider organization ID number in the **Provider ID** field, etc.
4. Enter the data from the second course completion record in the appropriate cells in the next row on the spreadsheet.
5. Repeat step 4 until you have entered all of the course completion records on their own separate rows on the spreadsheet.
6. When you are finished, from the **File** menu, select **Save As**. The **Save As** dialog box will open.
7. From the **Save As Type** drop-down menu, select CSV (Comma Delimited) (\*.csv).
8. In the **File Name** field, enter a name for the course completions record file.
9. Using the navigation options on the **Save As** dialog box, browse for a location on your system to save the course completions record file.
10. Click the **Save** button. The **Save As** dialog box will close.
11. Click the **OK** button on any message box asking you to confirm your choice to save the file in the CSV format. Your file is now saved in a comma-separated format and is ready for upload to Education Provider Services.

## Submitting a Course Completions Record File

With your course completions file properly formatted, use the following instructions to upload the file to the system for processing:

1. On the **Upload Continuing Education Course Completions** page, click the **Browse** button. The **Choose File** dialog box will open.
2. Use the navigation options on the **Choose File** dialog box to locate the course completions record file (\*.csv) on your system.
3. When the correct file name appears in the **File Name** field, click the **Open** button. The **Choose File** dialog box will close, and the system path to the file will appear in the **File to Upload** field.
4. Click the **Submit** button. **Education Provider Services** will import and validate the file. When it is finished, the **File Load Results** page will appear. (For more information, see File Load Results.)

**Notes**

To help ensure system validation of your data, please refer to [Course Completions Upload File Layout Requirements](#).

You may be able to export the required data in the required file layout and format directly from your company's learning management or other education tracking system. Consult the help system of the other system for more information.

The **Student Last Name** field is required only in certain states; however if you enter a value in the **Student Last Name** field, then it will be validated against the state database. If your state does not require last name information and you do not enter a value in the **Student Last Name** field, then only the data that you do enter will be used for validation.

You may upload a maximum of 200 course completions per file.

If you include a header row or line in your upload file, it will appear as an errored record on the **File Load Results** page. Do not be alarmed; the submission process will continue to take place for all course completion records that pass validation. It is not necessary to correct the header row or line.

Don't worry if a course completion record does not contain data to satisfy all of the fields identified in the header row. For fields where there is no data to enter, simply leave them blank. Use caution, however, not to enter data in the wrong field.

## Basic Education Provider Services Course Completions Upload File Layout Requirements

Use the table below as field reference when entering data in the course completions upload file.

**IMPORTANT:** If you are using ProviderEDGE to submit course completions to all 51 national regulatory jurisdictions, ignore the file layout below and instead refer to ProviderEDGE Course Completions Upload File Layout Requirements instead.

### All Available States, Except Virginia and Maryland

Column	Field Name	Description	Req?
A	State	Must be a valid 2-letter state abbreviation. See <a href="#">Codes</a> .	Y
B	Provider ID	Must be alphanumeric Must be 10 characters or less	Y
C	Course ID	Must be 25 characters or less Must be alphanumeric	Y
D	Course Completion Date	Must be in the format MM-DD-YYYY Must contain a valid month, day, and year <b>Note:</b> If you are using a spreadsheet application such as Microsoft Excel, do not allow leading zeros to be stripped from the date formatting. Bracket date values with apostrophe (') symbols to preserve leading zeroes, or format all cells in the spreadsheet as TEXT, rather than Excel's native	Y

		GENERAL format. <b>Note:</b> Each state has its own submission deadline rules regarding the maximum number of days after the Course Completion Date that it will accept course completion information. For more information, see <a href="#">State-Specific Requirements</a> .	
E	Course Begin Date	Must be in the format MM-DD-YYYY Must contain a valid month, day, and year	N
F	Course Begin Time	Must be 5 characters or less Must be in the format HH:MM. For example, 08:30, and 18:30 are valid values. May contain only letters, numbers, spaces, or punctuation	N
G	Course Address Postal Code	Must be between 2 and 10 characters Must not contain consecutive symbols May contain only digits, hyphens, or spaces	N
H	Instructor Credit Hours	Must be a number Must not have more than 5 total digits No more than 2 digits may succeed a decimal point Not allowed if Course Hours is entered	N
I	Student SSN	Must contain 4 or 9 digits, or in the following format: ###-##-#### Must be between 4 and 11 characters long May contain only numeric digits and dashes. <b>Note:</b> Either a nine-digit SSN or the last four digits of the SSN may be accepted, depending on the state. Dashes are not required but may be used. For more information, see <a href="#">State-Specific Requirements</a> .	N
J	Student NPN	Must be 10 digits or less	N
K	Student License Number	Must be alphanumeric Must be 15 characters or less	N
L	Student Last Name	Must be between 2 and 35 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, commas, spaces, hyphens, apostrophes, or periods	N
M	Instructed Category Code	Must contain only letters and digits.	N

		Must be 10 characters or less <b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a> .	
--	--	--	--

**Virginia and Maryland Only**

Virginia and Maryland allow usage of an Identifier ("Smart ID") to identify a student.

Column	Field Name	Description	Req?
A	State	Must be a valid 2-letter state abbreviation. See <a href="#">Codes</a> .	Y
B	Provider ID	Must be alphanumeric Must be 10 characters or less	Y
C	Course ID	Must be 25 characters or less Must be alphanumeric	Y
D	Course Completion Date	Must be in the format MM-DD-YYYY Must contain a valid month, day, and year <b>Note:</b> If you are using a spreadsheet application such as Microsoft Excel, do not allow leading zeros to be stripped from the date formatting. Bracket date values with apostrophe (') symbols to preserve leading zeroes, or format all cells in the spreadsheet as TEXT, rather than Excel's native GENERAL format. <b>Note:</b> Each state has its own submission deadline rules regarding the maximum number of days after the Course Completion Date that it will accept course completion information. For more information, see <a href="#">State-Specific Requirements</a> .	Y
E	Course Begin Date	Must be in the format MM-DD-YYYY Must contain a valid month, day, and year	N
F	Course Begin Time	Must be 5 characters or less Must be in the format HH:MM. For example, 08:30, and 18:30 are valid values. May contain only letters, numbers, spaces, or punctuation	N
G	Course Address Postal Code	Must be between 2 and 10 characters Must not contain consecutive symbols May contain only digits, hyphens, or spaces	N
H	Instructor Credit Hours	Must be a number Must not have more than 5 total digits	N

		No more than 2 digits may succeed a decimal point Not allowed if Course Hours is entered	
I	Identifier	"Smart ID" Can be an NPN or Resident State License Number Must be alphanumeric Must be 20 characters or less.	N
J	Student Last Name	Must be between 2 and 35 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, commas, spaces, hyphens, apostrophes, or periods	N
K	Instructed Category Code	Must contain only letters and digits. Must be 10 characters or less <b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a> .	N

## Pre-licensing Education Course Completions

Producers often are required to successfully complete one or more pre-licensing education courses to qualify for licensure in a state. The **Pre-licensing Education Course Completions** service allows you to record pre-licensing course completions with the appropriate states.

The screenshot shows a web interface for "Pre-licensing Education Course Completions in the State of Utah". On the left is a navigation menu with "Online Services" and links for Education, Service Request, Inquiries, Sircon Edge, and Administration. The main content area contains three required input fields: "Provider ID", "Course ID", and "Course Completion Date" (with a date format hint of mm-dd-yyyy). Below the fields are "Continue", "Cancel", and "Change State" buttons. The footer includes a navigation bar with "Home | Help | News Releases | FAQ | State Information | NAIC Information" and a copyright notice for 1998-2012 Sircon Corp.



The screenshot shows a web interface for Vertafore. On the left is a navigation menu with 'Online Services' and links for Education, Service Request, Inquiries, Sircon Edge, and Administration. The main content area is titled 'Pre-licensing Education Course Completions in the State of Utah' and contains a 'Confirmation' section. This section displays the following information: Provider: 156741 - A D BANKER & COMPANY LLC; Course: 25571 - PE Intermediate 102; Course Category: Property & Casualty; Credit Hours: 2.00; Course Completion Date: 09-02-2012. Below this, a message states 'Course completion(s) have been successfully processed.' A table lists the student's details: Confirmation ID (11517456), Reference ID (6), SSN (xxx-xx-5123), Name (Meyer, Sam), and Birth Date (12-21-1947). At the bottom of the table are buttons for 'Process Another' and 'Main Menu'. A footer contains navigation links: Home | Help | News Releases | FAQ | State Information | NAIC Information, and a copyright notice: Copyright © 1998-2012 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823.

To open the **Pre-licensing Education Course Completions** page, click the **Pre-licensing Education Course Completions** link on the [Education Services Menu](#) page.

Fields and controls include the following:

- **Please select a State:** *Required.* From the dropdown menu, select the state in which you want to submit pre-licensing education course completion information.
- **Provider ID:** *Required.* Enter the state identification number of the pre-licensing education course provider.
- **Course ID:** *Required.* Enter the identification number of the pre-licensing education course.
- **Course Completion Date:** *Required.* Enter the date on which the pre-licensing education course was completed. (Use the *mm-dd-yyyy* date format.)
- **Submit:** After selecting a state, click to enter provider and course information. After entering class roster information, click to submit the pre-licensing education course completion information to the selected state.
- **Continue:** Click to enter class roster information.
- **Cancel:** Click to return to the [Education Services Menu](#).
- **Change State:** Click to select a different state in which to maintain course offerings.
- **Enter Addresses:** Click to display fields in which to enter student address information.
- **Last:** Enter the student's last name.
- **First:** Enter the student's first name.
- **Middle:** Enter the student's middle name.
- **Suffix:** Enter the student's name suffix, if any (e.g., "Jr.," "III," etc.)
- **SSN:** Enter the Social Security Number of a student who successfully completed the course.
- **Birth Date:** Enter the student's date of birth. (Use the *mm-dd-yyyy* date format.)
- **Line One:** Enter the student's street address of the location where the class will be offered.

- **Line Two:** Enter additional address information for the student.
- **City:** Enter the student's city of residence.
- **State:** Select from the dropdown menu the student's residence state.
- **Postal Code:** Enter the student's zip code.
- **Phone:** Enter the student's phone number.
- **Process Another:** On the **Confirmation** page, click to post additional class schedules for other courses.
- **Main Menu:** On the **Confirmation** page, click to return to the [Education Services Menu](#) page.

### Submitting a Pre-Licensing Education Course Roster

Use the following steps to submit a PE course completions roster:

1. From the **Select a State** drop-down menu, select the state in whose regulatory database you want to record a pre-licensing course completion.
2. Click the **Submit** button. The **Course Information** page will open.
3. In the **Provider ID** field, enter the identification number of the pre-licensing education course provider.
4. In the **Course ID** field, enter the identification number of the pre-licensing education course.
5. In the **Course Completion Date** field, enter the date on which the pre-licensing education course was completed. (Use the *mm-dd-yyyy* date format.)
6. Click the **Continue** button. Education Provider Services will validate course information against the selected state database. The **Course Roster** page will open. Header information on this page shows the course provider name and ID, the course name and ID, the course category, the number of credit hours, and the course completion date. The page also contains rows of fields in which you can record identification data of the producers who completed the course.
7. If you are not required by the selected state to enter student address information, proceed to step 8, or if you are required by the selected state to enter student address information, click the **Enter Addresses** button.
8. In the topmost **SSN** field, enter the Social Security Number of a student who successfully completed the course. (*Required.*)
9. In the topmost **Last** field, enter the student's last name. (*Required.*)
10. In the topmost **First** field, enter the student's first name. (*Required.*)
11. In the topmost **Middle** field, enter the student's middle name.
12. In the topmost **Suffix** field, enter the student's name suffix, if any (e.g., "Jr.," "III," etc.).
13. In the topmost **Birth Date** field, enter the student's date of birth. (Use the *mm-dd-yyyy* date format.)
14. If you are not required by the selected state to enter student address information, proceed to step 20, or if you are required by the selected state to enter student address information, enter the student's street address in the **Line 1** field.
15. In the **Line 2** field, enter the student's additional street address information, if any.
16. In the **City** field, enter the student's city of residence.



17. From the **State** dropdown menu, select the student's residence state.
18. In the **Postal** field, enter the student's Zip Code.
19. In the **Phone** field, enter the student's phone number.
20. Repeat steps 8 through 19 to enter the information in the fields on the succeeding rows for other students who completed the course.
21. When you are finished, click the **Submit** button. Education Provider Services will transmit pre-licensing education course completion information in the selected state database for the identified students. The **Confirmation** page will open, displaying confirmation information about pre-licensing education course completion record, including Confirmation Number(s), Reference ID, and the Social Security Number, First and Last Name, and Birth Date (if entered) of each producer you entered in the record.
22. To process another pre-licensing education course completion record, click the **Process Another** button. The **Course Information** page will re-open, or to complete the operation, click the **Main Menu** button. The **Education Services Menu** page will open. (For more information, see [Education Services Menu Page](#).)

### **Notes**

To obtain your company's or organization's Provider ID, click the **Click here to view your organizations link** on the **Maintain User Profile** page. (For more information, see Maintain User Profile.)

To print any page, select the Print option from your browser toolbar.

## ***Upload Pre-licensing Education Course Completions***

Use the **Upload Pre-Licensing Education Course Completions** page to select your course completions record file and upload it to Education Provider Services.

To open the **Upload Pre-Licensing Education Course Completions** page, click the **Upload Pre-Licensing Education Course Completions** link on the [Education Services Menu](#) page.

### ***Preparing a Course Completions Record File***

Before you can upload a course completions record file, first you must format your data so that it is readable by Education Provider Services.

The course completions upload function requires a comma-separated format file, or \*.csv. To format your course completions record file, you may [use a spreadsheet application](#), such as Microsoft® Excel®.

The following sections provide instructions for using either formatting method:

1. Launch a spreadsheet application, such as Microsoft® Excel®.
2. With a new, blank spreadsheet open, using consecutive cells in Row 1, enter the following field names (refer to the illustration below):
  - **State**
  - **Provider Number**
  - **Course Number**
  - **Course Completion Date**
  - **SSN**

- **Last Name**
- **First Name**
- **Middle Name**
- **Suffix**
- **Birth Date**
- **Mailing Address Line One**
- **Mailing Address Line Two**
- **Mailing Address City**
- **Mailing Address State**
- **Mailing Address Postal Code**
- **Business Phone Number**

The field names you enter in Row 1 constitute the file's header row. The header row will make it easier for you to enter course completion data in the correct fields. However, the course completions upload function will ignore header row data.

3. In the appropriate cells in Row 2 of the spreadsheet, enter actual data from the first course completion record. For example, enter the first record's state abbreviation in the **State** field, enter the first record's provider organization ID number in the **Provider Org ID** field, etc.
4. Enter the data from the second course completion record in the appropriate cells in the next row on the spreadsheet.
5. Repeat step 4 until you have entered all of the course completion records on their own separate rows on the spreadsheet. (Refer to the illustration below.)
6. When you are finished, from the **File** menu, select **Save As**. The **Save As** dialog box will open.
7. From the **Save As Type** drop-down menu, select CSV (Comma Delimited) (\*.csv).
8. In the **File Name** field, enter an 8-character name for the course completions record file.
9. Using the navigation options on the **Save As** dialog box, browse for a location on your system to save the course completions record file.
10. Click the **Save** button. The **Save As** dialog box will close. Your file is now saved in a comma-separated format and is ready for upload to Education Provider Services.

1	State	Provider No	Course Nu	Course Co	SSN	Last Name	First Name	Middle Name	Suffix	Birth Date	Mailing Ad	Mailing
2	PA	37846	100539	6/30/2006	111111111	Festoon	Barth			12/3/1969	123 Mocki	Somewl
3	PA	37846	27661	6/30/2006	222222222	Pending	Patricia			11/4/1970	555 West	Somewl
4												
5												
6												
7												
8												
9												
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24												
25												
26												
27												

### Uploading a Course Completions Record File

1. On the **Upload Pre-Licensing Education Course Completions** page, click the **Browse** button. The **Choose File** dialog box will open.
2. Use the navigation options on the **Choose File** dialog box to locate the course completions record file (\*.csv) on your system.
3. When the correct file name appears in the **File Name** field, click the **Open** button. The **Choose File** dialog box will close, and the system path to the file will appear in the **File to Upload** field.
4. Click the **Submit** button. Education Provider Services will import the file. When it is finished, the **File Load Results** page will appear. (For more information, see [File Load Results](#).)

### Notes

To help ensure system validation of your data, please refer to [PE Course Completions Upload File Layout Requirements](#).

You may be able to export the required data in the required file layout and format directly from your company's learning management or other education tracking system. Consult the help system of the other system for more information.

The **Student Last Name** field is required only in certain states; however if you enter a value in the **Student Last Name** field, then it will be validated against the state database. If your state does not require last name information and you do not enter a value in the **Student Last Name** field, then only the data that you do enter will be used for validation.

You may upload a maximum of 200 course completions per file.

If you include a header row or line in your upload file, it will appear as an errored record on the **File Load Results** page. Do not be alarmed; the submission process will continue to take place for all course completion records that pass validation. It is not necessary to correct the header row or line.

Don't worry if a course completion record does not contain data to satisfy all of the fields identified in the header row. For fields where there is no data to enter, simply leave them blank. Use caution, however, not to enter data in the wrong field.

## Pre-Licensing Education Course Completions File Layout Requirements

Use the table below as field reference when entering data in the course completions upload file.

Column	Field	Format	Description	Req?
A	State	2 characters.	State value must be identical in all records in a file.	Y
B	Provider Number	Numeric.	The state-specific Sircon provider ID. No commas allowed.	Y
C	Course Number	Numeric.	The state-specific Sircon course ID. No commas allowed.	Y
D	Course Completion Date	MM/DD/YYYY	Enter the course end date.	Y
E	SSN	9 digits plus optional dashes.		Y
F	Last Name	2-35 characters.	Must contain minimum two letters.	Y
G	First Name	1-25 characters.	Numbers and double quotes not allowed.	Y
H	Middle Name	0-25 characters	Numbers and double quotes not allowed.	N
I	Suffix	0-3 characters	Numbers and double quotes not allowed.	N

J	Birth Date	MM/DD/YYYY.		Y
K	Mailing Address Line One	0-40 characters		N*
L	Mailing Address Line Two	0-40 characters		N*
M	Mailing Address City	0-25 characters		N*
N	Mailing Address State	0-10 characters		N*
O	Mailing Address Postal Code	xxxxx or xxxxx-xxxx		N*
P	Business Phone Number	10 digits plus optional dashes		N*

\*May be either required or optional, depending on the state. For more information, see [State-Specific Requirements](#).

## File Load Results

Use the **File Load Results** page to review and confirm the results of the course completions record file upload process.

**Vertafore**  
Upload your records

Online Services

- Education
- Service Request
- Inquiries
- Simon Edge Administration

**Upload Continuing Education Course Completions: File Load Results**

Click the submit button to send loaded rows to the state for processing.

Provider: A.D. Banker & Company  
 Service Type: Course Completion Maintenance  
 Request Date: 08-05-2010  
 State: Pennsylvania  
 Requestor: Trish Steding

Row	ST	Provider ID	Course ID	End Date	Begin Date	Begin Time	Postal Cd	Instr Hrs**	Identifier	Last Name	Instr Cat Cd**
1	PA	37848	112161	07102010	07082010	0900	12311		123-45-8789	WALTER	

Submit Cancel

\* Rows with errors will not be sent to the state.  
 \*\* Instructor Hours must only be used when an instructor gets extra CE credit for teaching a course.

Home | Help | News Releases | FAQ | State Information | NAIC Information

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The top part of the page displays summary information about this transaction, including **Subscriber Name**, **Request Date**, and **Requestor**. This information is transmitted to the state along with the course completion data.

Below the summary information is a list of all course completion records that have been uploaded to Education Provider Services in this upload session. The records are sorted in ascending order by row number. The list provides the following visual information about the status of the uploaded records:

- Records displaying **black text characters** have been successfully validated and are ready for transmission to the state. (Regular processing fees will be charged for these records regardless of whether they are processed or not processed because of state-validation errors.)

- Records displaying **red text characters and error messages** have not passed validation and will not be transmitted to the state. Read the contents of the error message and make necessary corrections to the upload file before again attempting upload to Education Provider Services. (Records containing validation errors will not be transmitted and will not incur a processing fee.)

To submit validated records to the state, click the **Submit** button. When the operation is complete, the **State Submission Results** page will open. (For more information, see [Reviewing State Results](#).)

### Notes

If you include a header row or line in your upload file, it will appear as an errored record on the **File Load Results** page. Do not be alarmed; the submission process will continue to take place for all course completion records that pass validation. It is not necessary to correct the header row or line.

## State Submission Results

Use the **State Submission Results** page to review the education course completion records that have been successfully transmitted to the state in this session.

The screenshot displays the 'Upload Continuing Education Course Completions: State Submission Results' page. On the left is a navigation menu with 'Education' selected. The main content area shows a summary of the upload transaction:

Provider	A.D. Banker & Company
Service Type	Course Completion Maintenance
Request Date	08-05-2010
State	Pennsylvania
Requestor	Trish Steding

Below the summary, the course name is listed: 'Course: 112161 - Effective Property & Casualty Solutions'. A table of course completion records is shown below:

Row	Identifier	Name	Conf ID	Status	Ref ID	Message
1	123-45-6789		10492313	Processed	482313	

A 'Done' button is located below the table. At the bottom of the page, there is a footer with navigation links and copyright information.

The top part of the page displays summary information about this transaction, including **Provider ID and Name, Service Type, Request Date, State, and Requestor**. This information was transmitted to the state along with the course completion data.

Below the summary information is a list of all course completion records that were transmitted to the state in this upload session. Records are sorted by **Course Name, Offering ID, and row number**.

Each record contains a confirmation number (**Conf ID**) to track successful transmission to the state. Only processed records contain a reference number (**Ref ID**). A record not processed because of a state-validation error will display an error message in the **Message** field. Note that all records submitted to the state are charged regular fees, regardless of whether they were processed or not processed because of errors.

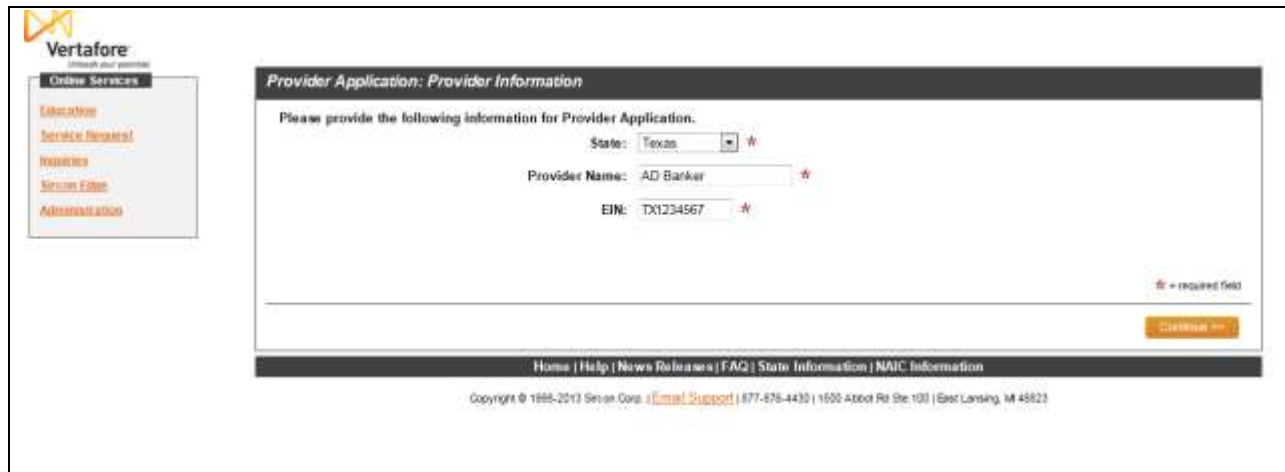
You may use the **Print** command in your browser to print the **State Submission Results** page, if desired.

When you are finished, click the **Done** button.

# Provider Maintenance

## Provider Application


Use the **Provider Application** service to apply for approval to offer continuing education courses in a state. The service also can be used to approve pre-licensing education providers in a state that does not require a separate pre-licensing education provider application.



The screenshot displays the 'Provider Application: Provider Information' form on the Vertafore website. The form is titled 'Provider Application: Provider Information' and asks the user to provide information for a provider application. The form includes the following fields:

- State: Texas (dropdown menu) \*
- Provider Name: AD Banker \*
- EIN: TX1234567 \*

A legend indicates that the asterisk (\*) denotes a required field. A 'Submit' button is located at the bottom right of the form. The footer of the page includes navigation links: Home | Help | News Releases | FAQ | State Information | NAIC Information, and copyright information: Copyright © 1999-2013 Serjan Corp. | Email Support | 877-878-4430 | 1600 Abbott Rd Ste. 100 | East Lansing, MI 48823.



**Vertafore**  
Education Provider Services

- Online Services
- Education
- System Overview
- Search
- Search Help
- Administration

### Provider Application: Demographics Information

State	EN	Provider Name
Tax	TX 1234567	AD Banker

**Please enter your demographics information below:**

*A course certification application must be filed for each course 10 days prior to presentation. This application is to be used only by individuals or organizations applying to be registered or re-registered by the department as a regional provider of continuing education courses, regular course training, and/or LEP-P certification programs.*

- Disclose the provider applicant's information by entering:
  - The provider applicant's full legal name;
  - Any other name(s) under which the provider applicant will do business in the alias section. Providers should not list the names of instructors or course preparers.
- Business location is the provider applicant's physical address where records will be maintained and may be inspected.
- Mailing location is the address of record to which official correspondence, forms, notices, and other information will be sent.
- List the name of one person who will be your authorized Provider Representative (APR). The APR is the individual designated by a provider as the contact individual responsible for all the provider's communications and filings with this department. The APR should be readily available to this Department's representatives, and must be authorized to receive issues regarding courses offered by the provider. Although the APR is the department's primary contact with the provider organization, the APR may delegate course submission responsibilities to other coordinators within the provider organization.
- Insert the APR's telephone number, fax number, and an email address where the APR can be reached between 9 a.m. and 5 p.m. Central time.

**NOTICE ABOUT CERTAIN INFORMATION, LAWS AND PRACTICES**

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 311.022 and 312.023 of the Texas Government Code, you have a right to receive or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 359.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For information about the procedure and cost for obtaining information from TDI, please contact the Agency Counsel Section of TDI's Legal and Compliance Division at (512) 475-4757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.*

**Domicile State**

Domicile State:  \*

**Mailing Location**

Line One Address:  \*

Line Two Address:

City:  \*

State:  \*

Postal Code:  \*

**Business Location**

Line One Address:  \*

Line Two Address:

City:  \*

State:  \*

Postal Code:  \*

**DBA Aliases**

DBA Alias 1:

DBA Alias 2:

DBA Alias 3:

DBA Alias 4:

DBA Alias 5:

**Approved Provider Representative**

First Name:  \*

Middle Name:

Last Name:  \*

Phone:  \* Extension:

Fax:

Email:  \*

**Website Address**

Website Address:


\* = required field

Back
Continue

Home | Help | News Releases | FAQ | State Information | NAC Information

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**Vertafore**  
Break your barrier

**Online Services**

- Education
- Service Renewal
- Enrollment
- Secure Login
- Administration

Provider Application: Background Questions

State	EIN	Provider Name
Texas	TX-1234567	AD Banker

**Background Questions**

---

**Question 1**

Is provider applicant required to pay Texas franchise taxes? \*

Yes  
 No

If your firm is required to pay TX franchise tax, attach a current letter of good standing from the Texas Comptroller of Public Accounts. If your firm or entity is a type normally required to pay TX franchise tax and you do not, attach a No-Nexus letter from the Comptroller's office.

[Attach Documents](#)

---

**Question 2**

Has or does the listed provider applicant provide insurance education under a name different from those given on the Demographics Information Page? \*

Yes  
 No

If you answer yes to this question, please attach a document with supporting details.

[Attach Documents](#)

---

**Question 3**

Has the provider applicant had any certification or approval for a professional continuing education course or practicing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? \*

Yes  
 No


If you answer yes to this question please attach a document with supporting details.

[Attach Documents](#)

**Current User**  
11500 Valued Provider

[Logout](#)

[← Previous](#)
[Continue →](#)



**Vertafore**  
Enrich your potential

**Online Services**

- Education
- Service Request
- Insights
- Service Edge
- Administration

Provider Application: Region Information

State	EIN	Provider Name
Texas	TX-1234567	AD Banker


**Geographic Regions**

*Geographic regions are often listed for a provider's classroom activity, so that a potential student may select a provider that actively presents classes in the student's area. If classes are open to the public, please check only those regions where the provider applicant offers classes. Please see the map below.*

*If the provider applicant plans to offer only self-study and/or classroom equivalent courses, check one or both of these boxes. Do not check any regions.*

**Please select the types of courses you plan on offering: \***

**C E Classroom Regions**



Classroom

Classroom Equivalent

Self-Study


**If you have selected classroom, please select the regions in which you will offer courses: \***

- 1- Amarillo, Lubbock
- 2- Midland, El Paso
- 3- Abilene, San Angelo
- 4- Wichita Falls, Denton, DFW
- 5- Waco, Temple
- 6- Texarkana, Longview, Nacogdoches
- 7- Bryan
- 8- Austin
- 9- San Antonio, Del Rio
- 10- Houston, Beaumont, Victoria
- 11- Corpus Christi, Laredo, H&A
- 12- Out of State

← Previous
Continue →

Current User: 11993 - Values Provider [Logout](#)

\* = required field



**Vertafore**  
Enrich your practice

**Online Services**

- Education
- Service Renewal
- Insured
- Service Edge
- Administration

**Provider Application: Attach Documents**

State	EIN	Provider Name
Texas	TX-1234567	AD Banker

**Please attach any supporting documents for your Provider Application:**

1. Go to [http://www.vertafore.com/tx/tx-1234567/franchise/tx\\_tx\\_1234567](http://www.vertafore.com/tx/tx-1234567/franchise/tx_tx_1234567) to establish (if you must pay Texas franchise tax). All Entity provider registrations and registration renewals **CANNOT** be processed without one of the items in (2) or (3).
2. You may obtain a copy of your letter of good standing from <http://www.cpa.state.tx.us/cpe/franchise.html>
3. To download the Texas Nexus Questionnaire, which the Comptroller uses to generate a No-Nexus letter if you are not subject to the franchise tax, go to [http://www.vertafore.com/tx/tx-1234567/franchise/tx\\_tx\\_1234567](http://www.vertafore.com/tx/tx-1234567/franchise/tx_tx_1234567). It is form AP-114.
4. If the listed provider applicant provides insurance education under a name different from those entered, details must be attached here or mailed to the address below.
5. If the provider applicant had any certification or approval for a professional continuing education course or prelicensing education course revoked, suspended, or placed on probation, the agreement or order must be attached here or mailed to the address below.

Pearson PCE  
Attn: TX CE  
PO Box 8588  
Philadelphia, PA 19101-8588

Texas is unable to accept documents saved in Microsoft Office 2007 format. Please save and send your documents in Microsoft Office 97-2003 format.

**Select files to attach**

File name: C:\Users\mnomlin\Desktop\To Delete Later\licenseAp.pdf  \*


Description: AP-114

\* = required field

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Current User  
11993 | Values Provider



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Provider Application: Summary

**Provider Application Summary**

State	EM	Provider Name	Request Date	State Fee
Texas	TX1234567	AD Banker	01/30/2013	\$0.00
			State Fee	\$0.00
			Sec on Fee	0.00
			<b>Total:</b>	\$0.00

**Demographics Information**

Current State:

Listing Address:

Business Address:

Agreement Provider Representative:

Name:   
 Phone:   
 Email:

**Background Questions**

Question 1:

Is provider applicant required to pay Texas state fees taxes?

No

Question 2:

Has or does the listed provider applicant provide insurance education under a name different from those given on the Demographics Information Page?

No

Question 3:

Has the provider applicant had any certification or approval for a professional continuing education course or professional education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States?

No

**Region Information**

Type of courses:

Region:

**Attached Documents**

File Name	File Description	Size
lemaAg.pdf	AP-114	18,216KB

**Attestation for the State of Texas**

By submitting this document on behalf of the provider applicant I attest that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 20 TAC §19.102 and §19.103-15.1019 and that the information provided on this form and on any attachments is true and correct.

Agree \*

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Current User: 11380\_Virtua\_Provider | 2/24/2014

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- [Account, Email](#)
- [Account Settings](#)

**Provider Application - Confirmation** Jun 30, 2013 2:31:36 PM

✔ Your provider application was submitted successfully to the state.  
Confirmation ID: 3862683

**Provider Application Summary**

State	TXN	Provider Name	Request Date	Status	Provider ID	State Fee	
Texas	TX-0234267	AD Banker	01-06-2013	Submitted	12200695	00.00	
						State Fee	00.00
						Service Fee	0.00
						Total	00.00

**Demographics Information**

Country State:

Physical Address:

Business Address:

Approved Provider Representative:

Name:	spring olson
Phone:	(707) 222-2222
Email:	mosolov@vertafore.com

**Background Questions**

Question 1:   
 No

Question 2:   
 No

Question 3:   
 No

**Region Information**

Type of courses:

Program:

**Attached Documents**

File Name	File Description	Size
IconesAp.pdf	AP-114	26,436KB

**Attestation for the State of Texas**

By submitting this document on behalf of the provider applicant, I attest that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 20 TAC §19-602 and §§19-1001-15-1079 and that the information provided on this form and on any attachments is true and correct.


I Agree

Current User:  
11880 - Valid Provider

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To open the **Provider Application** page, in the **Provider Maintenance** group, click the **Provider Application** link on the [Education Services Menu](#) page.

## Applying for State Approval

Use the following instructions for applying for state approval to offer education provider services:

1. On the **Education Provider Services** menu, in the **Provider Maintenance** group, click the **Provider Application** link.
2. On the **Provider Application: Provider Information** page, enter the application **State**, **Provider Name**, and **EIN** number in each of the given fields.
3. Click the **Continue** button. The **Provider Application: Demographics** Information page will open.
4. Enter demographic information in the fields provided, including:
  - **Domicile State**
  - **Provider Type**
  - **Mailing Location Address**
  - **Business Location Address**
  - **CE Address**
  - **DBA Aliases** (optional)
  - **Approved Provider Representative**
  - **Website Address** (optional)
5. Click the **Continue** button. The **Provider Application: Background Questions** page will open.
6. Answer honestly all background questions. The question set is unique to each state.
7. Once you have answered all required background questions and uploaded all required supporting documentation, click the **Continue** button. The **Provider Application: Region Information** page will open.
8. Select the presentation methods of the courses you will offer in the state.
9. If you selected a **Classroom** presentation method, select the geographic region(s) in the state in which the courses will be offered.
10. Click the **Continue** button. The **Provider Application: Attach File** page will open.
11. Read the state's requirements for additional documentation, and then, if necessary, browse for an electronic document file on your computer or network to attach to the application.
12. Click the **Attach** button to attach the electronic file to the application.
13. Click the **Continue** button. The **Provider Application: Summary** page will open.
14. Review the **Summary of Fees** information, as well as the other information you entered on the application.
15. In the **Attestation** section, click to checkmark the **I Agree** checkbox.
16. When you are ready, click the **Process** button to transmit your application to the state. The **Provider Application: Confirmation** page will open.
17. Review the status of your provider application, either **Pending** or **Under State Review**.
18. If desired, print the confirmation page for your records.

19. When you are finished, click the **Done** button, or click the **Process Another** button to restart the process for an additional state.

### **Tips**

You can check the status of your application in the future by clicking the **Education Activity Inquiry** link on the [Education Provider Services](#) menu. The inquiry will display the updated status of your application, such as **Approved** or **Denied**. If **Approved**, your provider expiration date is also displayed.

### **Notes**

If you answer "yes" to a background question, where required you must supply additional information or documentation. Click the **View/Attach Documents** link associated with a background question to open **Attach Documents** popup window, where you can browse for an electronic document file on your computer or network, upload it to the system, and then submit the file to the state together with your provider application.

The **Region Information** page displays only for certain states.

The maximum size of any electronic document file attachment is 5 MB.

## ***Provider Renewals***

Use the **Provider Renewals** service to renew active provider registrations in one or multiple states.

**Provider Renewals: Select Provider**

Please select the provider to be renewed.

Provider Name:

\* = required field

[Continue >>](#)

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---

**Provider Renewals: Select Provider Renewal**


The following states were searched for provider renewals: Minnesota, Texas. Please select the provider renewal you wish to process:

State	Provider ID	Provider Name	Renewal Date	Renewal ID	Education Type	State Fee
<input type="radio"/> MN	10970370	E=MC2	12-31-2012	80152	BOTH	\$50.00
<input checked="" type="radio"/> TX	10970371	E=MC2	12-31-2012	80154	BOTH	\$50.00

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Online Services

- Education
- Service Renewal
- Insurance
- Account Setup
- Administration

### Provider Renewals: Background Questions

Please answer the following questions:

**Question 1**

Has the provider applicant had any certification or approval for a professional continuing education course of any kind or prelicensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? If "Yes" give details on a separate page and include a copy of the agreement or order. NOTE: You will be able to attach electronic documents to this application later in the process. \*


Yes  
 No

\* = required field


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11593 | Value Provider  
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Online Services

- Education
- Service Renewal
- Insurance
- Account Setup
- Administration

### Provider Renewals: Attach Documents

Please attach any supporting documents for your provider renewal.

If the Provider is corporation, partnership, or other business entity type that is required to pay Texas Franchise Tax, your franchise tax account with the Texas Comptroller of Public Accounts must be current and in good standing. Go to the Comptroller's web site, print a copy of your certificate of franchise tax good standing, and keep in your Texas Continuing Education/Renewal File (do not include with this submission). If your entity is not required to pay the Texas franchise tax, secure an exemption letter from the Comptroller's office and retain.

You are required to be in compliance with the franchise tax requirements of the Texas Comptroller of Public Accounts to do business in Texas and to maintain proof of this in your Texas Continuing Education/Renewal File. No supporting attachment is required, but this item in your file may be audited by either Texas Comptroller, this Department or its designee, at any time.

If the renewing Provider answered "Yes" to the screening question on the previous page. Full details and a copy of the agreement or order must be attached.

**Select files to attach**

File name: s:\mnowlin\Desktop\To Delete Later\Jan 2012 Release.pdf [Browse...](#)

Description: BQ 1 Suppl Doc


[Attach](#)

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**Online Services**

- Education
- Service Renewal
- Insurers
- Service Edge
- Administration

**Provider Renewals: Update Contact Information**

Please review your contact information below, and update if necessary:

**Provider Name**

E-MC3

[Edit](#)

**Business Location**

Line One Address	123 Cherry
Line Two Address	
Line Three Address	
City	Cherrydale
State	Maine ▾
Postal Code	01234

[Save](#) [Cancel](#)

**Mailing Location**

2112 Street  
Ogden UT 41236

[Edit](#)

**DBA Aliases**

Click here to add a new DBA alias.

[+ Add](#)

**Approved Provider Representative**

There is no approved provider representative on file with the state.

[+ Add](#)

**Website Address**

There is no website address on file with the state.

[+ Add](#)


\* = required field

[← Previous](#) [Continue →](#)

**Current User**  
11560: Valued Provider  
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- Education
- Service Request
- Insurance
- Service Dates
- Administration

Provider Renewals: Summary

---

**Provider Renewal Summary**

State	Provider ID	Provider Name	Renewal Date	Renewal ID	Education Type	State Fee
TX	10970371	E-MC2	12-31-2012	80154	BOTH	\$50.00

**Total State Fee:** \$50.00

**Total Siron Fee:** \$0.00

---

**Total Fee:** \$50.00

---

**Background Questions**

Question 1

Has the provider applicant had any certification or approval for a professional continuing education course of any kind or prelicensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? If "Yes" give details on a separate page and include a copy of the agreement or order. NOTE: You will be able to attach electronic documents to this application later in the process.

Yes  
 No

---

**Attached Files**

File Name	File Description	Size
Jan 2012 Release.pdf	BQ 1 Suppl Doco	219.32kb

---

**Attestation for the State of Texas**

The person filing this form certifies on behalf of the provider that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 28 TAC §19.602 and § 19.1001-19.1023 and that the information provided on this form and on any attachments is true and correct.

Current User  
11501 Valdes Provider  
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**Vertafore**  
Renew your provider

Online Services

- Education
- Service Renewal
- Insured
- Service Edge
- Administration

**Provider Renewals: Confirmation** Jul 30, 2013 8:15 PM CST [Print This](#)

✔ Your provider renewal was submitted successfully to the state. The renewal is renewed. NOTE: Your next renewal date will not be displayed until your renewal has been approved by the state.

Confirmation ID: 3866570

**Provider Renewal Summary**

State	Provider ID	Provider Name	Renewal Date	Renewal ID	Education Type	State Fee	Status	Next Renewal Date
TX	10970371	E=MC2	12-31-2012	80154	BOTH	\$50.00	Renewed	12-31-2014

Total State Fee: \$50.00  
Total Siron Fee: \$0.00  
Total Fee: \$50.00

**Background Questions**

Question 1

Has the provider applicant had any certification or approval for a professional continuing education course of any kind or prelicensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? If "Yes" give details on a separate page and include a copy of the agreement or order. NOTE: You will be able to attach electronic documents to this application later in the process.

Yes  
 No

**Attached Files**

File Name	File Description	Size
Jan 2012 Release.pdf	BQ 1 Suppl. Doc.	219.32kb

**Attestation for the State of Texas**

The person filing this form certifies on behalf of the provider that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 28 TAC §19.602 and § 19.1001-19.1023 and that the information provided on this form and on any attachments is true and correct.

I Agree

[Done](#) [Process Renewal >>](#)

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Current User  
11960\_Valeta Provider  
E=MC2

To open the **Provider Renewals** page, in the **Provider Maintenance** group, click the **Provider Renewals** link on the [Education Services Menu](#) page.

## Applying for State Renewal

Use the following instructions for applying for renewal to offer education provider services in one or multiple states:

1. On the **Education Provider Services** menu, in the **Provider Maintenance** group, click the **Provider Renewals** link.
2. On the **Provider Renewals: Select Provider** page, from the dropdown menu select the **Provider Name**.
3. Click the **Continue** button. The system will search for renewals available for the selected provider in all available states. When it is finished, the **Provider Renewals: Select Provider Renewal** page will open.
4. Click to select the radio button that corresponds with the state renewal you wish to process.

5. Click the **Continue** button. The **Provider Renewals: Background Questions** page will open.
6. Answer honestly all background questions. The question set is unique to each state.
7. Click the **Continue** button. The **Provider Renewals: Attach Documents** page will open.
8. Read the state's requirements for additional documentation, and then, if necessary, browse for an electronic document file on your computer or network to attach to the renewal.
9. Click the **Attach** button to attach the electronic file to the application.
10. Click the **Continue** button. The **Provider Renewals: Update Contact Information** page will open, allowing you to update the selected state's records with basic provider information along with your renewal.
11. To add basic information, click the **Add** link associated with any data section, or to edit existing basic information, click the **Edit** link. To save added or edited information in any data section, click its associated **Save** link.
12. When you are finished with updates, click the **Continue** button. The **Provider Renewals: Summary** page will open.
13. Review the **Summary of Fees** information, as well as the other information you entered on the renewal.
14. In the **Attestation** section, click to checkmark the **I Agree** checkbox.
15. When you are ready, click the **Process** button to transmit your application to the state. The **Provider Renewals: Confirmation** page will open.
16. Review the status of your provider renewal, either **Renewed** or **Under State Review**.
17. If desired, print the confirmation page for your records.
18. When you are finished, click the **Done** button, or click the **Process Another** button to restart the process for an additional state.

### **Tips**

You can check the status of your renewal in the future by running the **Education Activity Inquiry** from the [Education Provider Services](#) menu. The inquiry will display the updated status of your renewal, such as **Renewed** or **Under State Review**. If **Renewed**, your **Next Renewal Date** is also displayed.

### **Notes**

If you answer "yes" to a background question, where required you must supply additional information or documentation. Use the **Provider Renewals: Attach Documents** page, where you can browse for an electronic document file on your computer or network, upload it to the system, and then submit the file to the state together with your provider application.

The maximum size of any electronic document file attachment is 5 MB.

On the **Approved Providers Inquiry** page, if the status of the renewal is **Under State Review**, then the provider **Status Valid Until** date will not be updated until the provider renewal has been approved by the state.

# Instructor Maintenance

## *Instructor Application*

Use the **Instructor Application** service to process electronically one or multiple insurance course instructor applications with a state.

To open the **Instructor Application** page, in the **Instructor Maintenance** group on the [Education Services Menu](#) page, click the **Instructor Application** link.

### Submitting a State Application

1. On the **Education Provider Services** menu, in the **Instructor Maintenance** group, click the **Instructor Application** link.
2. On the **Instructor Application** page, from the **Please select a state** dropdown menu select the name of the state to which you wish to submit an instructor application.
3. Click the **Submit** button.

The screenshot shows the 'Instructor Application' page. At the top, there is a header 'Instructor Application'. Below it, a large box contains the text 'Please select a State:' followed by a dropdown menu currently showing 'Virginia'. Below the dropdown are two buttons: 'Submit' and 'Cancel'. At the bottom of the page, there is a navigation bar with links: 'Home | Help | News Releases | FAQ | State Information | NAIC Information' and a copyright notice: 'Copyright © 1998-2015 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823'.

4. From the **Provider Name** dropdown menu, select the name of the education provider organization with which the instructor applicant is associated.
5. Click the **Continue** button.

The screenshot shows the 'Instructor Application Select Provider' page. It features a dropdown menu for 'Provider Name' with 'A.D. Banker & Company' selected. To the right of the dropdown is a red asterisk icon. Below the dropdown is a 'Continue >>' button. At the bottom, there is a navigation bar with links: 'Home | Help | News Releases | FAQ | State Information | NAIC Information' and a copyright notice: 'Copyright © 1998-2015 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823'.

6. If the applicant ever has been an instructor in the selected state, click the **Yes** button. Proceed to step 8

OR

If the applicant never has been an instructor in the selected state, click the **No** button. Proceed to step 7.

7. If the applicant is or has been a licensee in the selected state, click the **Yes** button

OR

If the applicant is not nor ever has been a licensee in the selected state, click the **No** button.

8. The system must either search for the applicant's existing state record or create a new state record. Depending on the applicant's past relationship with the selected state, perform one set of the following tasks:
  - If the applicant has been an instructor in the selected state, enter the **Last Name** and state-specific **Instructor ID** of the applicant. The system will search for the applicant's record in the selected state.
  - If the applicant never has been an instructor but has been a licensee in the selected state, in the **Instructor Application Instructor Search** page, enter the **Last Name** and either the **License Number** or **National Producer Number (NPN)** of the applicant.
  - If the applicant never has been either an instructor or licensee in the selected state, on the **Instructor Application Information** page, enter all required information in the **Instructor Information**, **Alias**, **Contact Information**, and **Mailing Address** sections.
9. When you are finished, click the **Continue** button. The system will search for the applicant's record in the selected state. Review the information for accuracy.

10. In the **Additional Requested Details** section of the **Instructor Application Information** page, from the **Course Category** dropdown menu, select the type of course for which the applicant is applying to provide education.
11. If you wish to expedite state processing of the instructor application at additional cost, in the **Expedite Processing** field, click to select the **Yes** radio button. Otherwise, click to select the **No** radio button.
12. In the **Background Questions** section of the **Instructor Application Information** page, click to select either the **Yes** or **No** radio button to respond to each question.
13. Click the **Continue** button.

14. In the **Select Files to Attach** section of the **Instructor Application Attachment** page, click the **Browse** button to the right of the **File name** field. The **Choose File** dialog box will open.
15. Use the navigation options on the **Choose File** dialog box to locate on your system an electronic file containing the applicant's resume, curricula vitae, or other biographical information. Be sure the electronic file is saved in one of the supported formats (e.g., \*.doc, \*.docx, or \*.pdf).
16. When the correct file name appears in the **File Name** field, click the **Open** button. The **Choose File** dialog box will close, and the system path to the file will appear in the **File name** field.
17. From the **Description** dropdown menu, select the most appropriate description of the attached file.
18. Click the **Attach** button. The file name, description, and file size information will display in the **Attached File** section. If you made a mistake and wish to delete the attached file, click the **Delete Attachment** button (✖) in the **Actions** column.
19. Click the **Continue** button.
20. On the **Instructor Application Attestation** page, read the attestation carefully.
21. When you are finished, if you submit to the terms of the attestation, click to checkmark the **I Agree** checkbox.
22. Click the **Continue** button.
23. On the **Instructor Application Fee Summary** page, review the information to be submitted to the state and the fee totals. If you need to make any changes to the application, click the **Previous** button to return to the data entry fields to update the entered information. Otherwise, click the **Process** button to submit the application.
24. On the **Instructor Application Confirmation** page, review the confirmation information, making special note of the **Confirmation ID** number at the top of the page.
25. If desired, click the **Print** button (🖨) to print a copy of the application confirmation for your records.

### **Tips**

You can check the status of instructor applications by running the [Instructor Application Inquiry](#) or the [Education Activity Inquiry](#) from the [Education Provider Services](#) menu. The inquiry will display the updated status of your application, such as **Approved**, **Denied**, **Pending**, or **Withdrawn**, as well as the transaction confirmation number.

### **Notes**

The **Expedite Processing** field may or may not be available, depending on the state to which you are submitting the instructor application.

You may attach an electronic file in the following file formats only: .DOC, .DOCX, or .PDF

## ***Instructor Renewal***

Use the **Instructor Renewal** service to process electronically one or multiple insurance course instructor renewals with a state.

To open the **Instructor Renewal** page, in the **Instructor Maintenance** group on the [Education Services Menu](#) page, click the **Instructor Renewal** link.

### **Applying for State Renewal**

Use the following instructions for applying for instructor renewal:

1. On the **Education Provider Services** menu, in the **Instructor Maintenance** group, click the **Instructor Renewal** link.
2. On the **Instructor Renewal** page, from the **Please select a state** dropdown menu select the name of the state in which you wish to process an instructor renewal.
3. Click the **Submit** button.



The screenshot shows a web interface for 'Instructor Renewal'. At the top, there is a dark header with the text 'Instructor Renewal'. Below this, the main content area contains the text 'Please select a State:' followed by a dropdown menu currently showing 'Virginia'. Below the dropdown are two buttons: a blue 'Submit' button and a grey 'Cancel' button. A mouse cursor is pointing at the 'Submit' button. At the bottom of the page, there is a dark footer with navigation links: 'Home | Help | News Releases | FAQ | State Information | NAIC Information'. Below the footer, there is a copyright notice: 'Copyright © 1998-2014 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823'.

4. Required. In the **Search Criteria** page, in the **Last Name** field enter the last name of the instructor you wish to renew.
5. Required. In the associated **Instructor ID** field, enter the instructor's state identifier. (Note that in Virginia it is the instructor's license number.)
6. Repeat steps 4 and 5 to enter search criteria for additional instructors to renew. Click the **Add More** button to display additional search fields, if necessary.



- Click the **Continue** button. The system will search for renewals available for the selected instructor(s) in the selected state(s).

**Instructor Renewal: Search Criteria**

State: Virginia

Please enter information for each instructor you wish to renew:

Last Name	<input type="text" value="Lajkler"/>	Last Name	<input type="text" value="Kunoye"/>
Instructor Id	<input type="text" value="606603"/>	Instructor Id	<input type="text" value="586685"/>
Last Name	<input type="text"/>	Last Name	<input type="text"/>
Instructor Id	<input type="text"/>	Instructor Id	<input type="text"/>
Last Name	<input type="text"/>	Last Name	<input type="text"/>
Instructor Id	<input type="text"/>	Instructor Id	<input type="text"/>
Last Name	<input type="text"/>	Last Name	<input type="text"/>
Instructor Id	<input type="text"/>	Instructor Id	<input type="text"/>
Last Name	<input type="text"/>	Last Name	<input type="text"/>
Instructor Id	<input type="text"/>	Instructor Id	<input type="text"/>

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- On the **Search Results** page, review the values of the **Instructor Name**, **Instructor ID**, and **Course Categories** fields of the instructors returned by the search.
- If the information is correct, and you wish to proceed, click the **Continue** button.

**Instructor Renewal: Search Results**

State: Virginia

Instructors to be renewed:

Instructor Name	Instructor Id	Approved Categories
Lajkler, Kirby	606603	Laws and Regulations Other General Insurance Property & Casualty
Kunoye, Crystal	586685	Laws and Regulations Other General Insurance Property & Casualty

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- On the **Attestation** page, review the attestation and click to checkmark the **I Agree** checkbox.

- Click the **Continue** button.

- On the **Fee Summary** page, review the instructor renewal fee information for the renewal transaction(s).
- To acknowledge that the renewal fees are non-refundable, click to checkmark the **I Understand** checkbox.
- When you are ready, click the **Process** button to submit the renewal transaction to the state.

Instructor Name	Instructor Id	Approved Categories	State Fee	Sircon Fee
Lajkler, Kirby	606603	Laws and Regulations Other General Insurance Property & Casualty	\$0.00	\$15.00
Kunoye, Crystal	586685	Laws and Regulations Other General Insurance Property & Casualty	\$0.00	\$15.00

Total State Fee \$0.00  
 Total Sircon Fee \$30.00  


---

 Total \$30.00

15. If desired, click the **Print** button () to print the **Confirmation** page for your records.

**Instructor Renewal: Confirmation**

State: Virginia October 21, 2014 4:22:47 PM EDT  [Print](#)

Instructors Successfully Renewed: 

**Fee Summary:**

Instructor Name	Instructor Id	Approved Categories	State Fee	Sircon Fee	Confirmation ID
Casualty, Kirby	606603	Laws and Regulations Other General Insurance Property & Casualty	\$0.00	\$15.00	4036923
Lye, McLaurin	586685	Laws and Regulations Other General Insurance Property & Casualty	\$0.00	\$15.00	4036924
			Total State Fee \$0.00		
			Total Sircon Fee \$30.00		
			-----		
			Total \$30.00		

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### **Tips**

You can check the status of instructor renewal requests by running the [Instructor Renewal Inquiry](#) or the [Education Activity Inquiry](#) from the [Education Provider Services](#) menu. The inquiry will display the updated status of your renewal, such as **Renewed**, as well as the transaction confirmation number.

# Transaction History and Status

## Education Activity Inquiry

Use the **Education Activity Inquiry** page to run a report showing all course completion transaction activity for a specified time period within the past 60 calendar days. From the inquiry results, for course completion submissions to certain states you can view and print a state-official certificate of course completion.

**Education Activity Inquiry**

**Vertafore**  
Unleash your potential

**Online Services**

- Education
- Service Request
- Inquiries
- Sircon Edge
- Administration

Date From: 09-01-2012 To: 09-03-2012 \* Required (mm-dd-yyyy)

State: [Dropdown]

Activity Type: ALL [Dropdown]

Course Completion Status: [Dropdown]

Sort By: Ascending by Activity Type, Date and State [Dropdown]

I agree to use any information viewed or printed including, but not limited to, social security numbers only in compliance with the Social Security Privacy Act of 1974.

Submit Cancel

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**Education Activity Inquiry**

**Vertafore**  
Unleash your potential

**Online Services**

- Education
- Service Request
- Inquiries
- Sircon Edge
- Administration

I agree to use any information viewed or printed including, but not limited to, social security numbers only in compliance with the Social Security Privacy Act of 1974.

Total No of Transactions: 12 09-03-2012 03:33 PM CDT

**Classroom Offering Maintenance**

**A D BANKER & COMPANY LLC** EN: 481032959

Confirm ID	Request Date	Status	State	Course ID	Course Name	Method
11517457	09-03-2012	Processed	Utah	23648	Anti Money Laundering	Classroom
Location: 101 Main St, Salt Lake City, UT 55555 Offering Date: 09-20-2012 - 09-20-2012 08:00 am - 04:00 pm						
11517446	09-03-2012	Processed	West Virginia	41895	PERSONAL AUTO COVERAGE	Classroom
Location: 103 Maple St, Raleigh, NC 27601 Offering Date: 09-12-2012 - 09-12-2012 08:00 am - 04:00 pm						

**Continuing Education Course Completions**

**A D BANKER & COMPANY LLC** EN: 481032959

Confirm ID	Request Date	Status	State	Course ID	Course Name	Method	SSN	NPN LicNbr	Identifier	Instructor/Student
<u>11517455</u>	08-03-2012	Processed	Utah	20907	Property & Casualty Insurance Essentials	Self-Study	xxx-xx-5123	31553		Meyer, Sam
11517451	09-03-2012	Error	Utah	20909	Life & Health Insurance Essentials	Self-Study		3456789		Harris
11517454	09-03-2012	Error	Utah	20909	Life & Health Insurance	Self-Study	xxx-xx-5123	31553		Meyer, Sam

**Current User**  
11580: Sam Meyer  
Logout

To open the **Education Activity Inquiry** page, click **Education** in the **Online Services** panel, and then in the **Transaction History and Status** section click the **Education Activity Inquiry** link.

### **Report Input**

Enter report criteria, including filter and grouping options.

Fields and controls include the following:

- **Date From:** *Required.* Enter the beginning date of a date range during which you want to report service request activity.
- **To:** *Required.* Enter the ending date of a date range during which you want to report service request activity.
- **State:** If desired, select a state from the dropdown menu to limit the report only to service request activity in the selected state. If no state is selected, the report will contain service request activity in all available states.
- **Activity Type:** If desired, select an activity type from the dropdown menu to limit the report only to a specific service request activity. If no activity type is selected, the report will contain all service request activity.
- **Sort By:** Select from the dropdown menu a sort order for the report. The default sort order is Ascending by Activity Type, Date, and State, which groups activity types, and then lists activities in order by date and then by state. Select Ascending by Activity Type, Date, and State to group activity types, and then list activities in order by state and then by date.
- **Submit:** Click to run the report. The report will open in a separate browser window.
- **Cancel:** Click to return to the Education Services Menu page.

### **Report Output**

The **Results** page displays education service request activity that met your report criteria.

Fields and controls include the following:

- **Confirm ID:** *Pre-Licensing and Continuing Education Course Completion sections only.* Displays a confirmation ID of the selected course completion. If the value displays as a red hyperlink, you may click it to open a course completion certificate for the associated student in a separate window display. (For more information, please see *Generating and Printing Course Completion Certificates.*)
- **Next Page:** If your inquiry result spans more than one page, click to display the succeeding inquiry result page.
- **Prev Page:** If your inquiry result spans more than one page, click to display the preceding inquiry result page.
- **Printable Version:** Click to open a printer-friendly version of the inquiry in a separate window.
- **Revise Inquiry:** Click to choose different selection criteria and resubmit the inquiry.
- **Cancel:** Click to return to the Education Services Menu page.

### **Notes**

Course completion certificates are available only in participating states.

### **Tips**

For the fastest search, in the **Date** fields enter the date on which you submitted the course completions file, and from the **State** dropdown menu, select the state to which you submitted the file.

## Course Completion Status Inquiry

Use the **Course Completion Status Inquiry** page to verify processing of course completion transactions, confirm successful transactions, and follow up on errored submissions.

You can search for course completions by one of the following criteria options:

- Confirmation ID
- Course Schedule ID
- State
- Course Completion Status
- Course ID
- One of the following date ranges:
  - Course Completion Date
  - Submit Date
  - Result Received Date

Report output displays online and includes key student and course information, transaction confirmation ID, result status and date, and error description.

Also, you can export the results of the **Course Completion Status Inquiry** to a CSV-formatted file, which opens in a spreadsheet application such as Microsoft® Excel®. Each course completion in the file includes all of the fields displayed in the online results, as well as additional fields that were included in the uploaded course completions record file. (For more information, see [Preparing a Course Completions File](#) and [Course Completions Upload File Layout Requirements](#).)

From the inquiry results, for course completion submissions to certain states you can view and print a state-official certificate of course completion.

The screenshot shows the 'Course Completion Status Inquiry' web interface. At the top, there is a search section with a 'Search By:' dropdown and three radio buttons: 'Confirmation ID', 'Course Schedule ID' (which is selected), and 'Date Range'. A text box next to 'Course Schedule ID' contains the value '129318' and has a red asterisk indicating it is a required field. Below the search section is an 'Apply Filter' button and a 'Download Full Report' link. The main area displays a table with the following data:

Confirm ID	Request Date	State	Provider	Course	Course Schedule ID	Completion Date	Student	Status	Result Date	Error Reason
3851368	09-09-2011	CO	49996 RISK & INSURANCE EDUCATI...	47367 Annuity Risk Training	129318	09-09-2011	JACQUELYN LOUISE LASATER	Processed	09-09-2011	
3851956	09-27-2011	CO	49996 RISK & INSURANCE EDUCATI...	47367 Annuity Risk Training	129318	09-09-2011	LINDA HUTCHINS	Processed	09-27-2011	
3851960	09-27-2011	CO	49996 RISK & INSURANCE EDUCATI...	47367 Annuity Risk Training	129318	09-09-2011	GEORGIA H SHEARIN	Processed	09-27-2011	

Below the table, it states '3 Course Completion records found, displaying all Course Completion records.' and includes another 'Download Full Report' link. At the bottom of the page, there is a disclaimer: 'I agree to use any information viewed or printed including, but not limited to, social security numbers only in compliance with the Social Security Privacy Act of 1974.'

The second part of the screenshot shows a Microsoft Excel spreadsheet titled 'courseCompletionStatusInquiry[1].xlsx'. The spreadsheet has columns for Carrier Name, Course Type, Submit to State?, Category 2, Course Hours 2, Category 3, Course Hours 3, Category 4, Course Hours 4, Submit Date, Confirm ID, Status, Error Description, and Result Date. The data rows are:

Carrier Name	Course Type	Submit to State?	Category 2	Course Hours 2	Category 3	Course Hours 3	Category 4	Course Hours 4	Submit Date	Confirm ID	Status	Error Description	Result Date
	CE	Y							9/9/2011	3851368	Processed		9/9/2011
	CE	Y							9/27/2011	3851960	Processed		9/27/2011
	CE	Y							9/27/2011	3851956	Processed		9/27/2011

To open the **Course Completion Status Inquiry** page, click **Education** in the **Online Services** panel, and then in the **Transaction History and Status** section click the **Course Completion Status Inquiry** link.

### Online Report Output

The online report output displays at the bottom of the **Course Completion Status Inquiry** page and lists course completion results that met your search criteria.

Fields and controls include the following:

- **Confirm ID:** For each course completion result listed, displays its system-generated confirmation ID. If the value displays as a red hyperlink, you may click it to open a course completion certificate for the associated student in a separate window display.
- **Request Date:** For each course completion result listed, displays the date on which the course completion record was submitted to ProviderEDGE.
- **State:** For each course completion result listed, displays the state to which the course completion record was submitted.



- **Provider:** For each course completion result listed, displays the identifier and name of the provider of the education course.
- **Course:** For each course completion result listed, displays the course ID and name of the education course.
- **Course Schedule ID:** For each course completion result listed, displays the course schedule ID or course offering ID of the education course (when available).
- **Completion Date:** For each course completion result listed, displays the date on which the education course was completed.
- **Student:** For each course completion result listed, displays the name of the student who completed the education course.
- **Status:** For each course completion result listed, displays its current processing status.
- **Result Date:** For each course completion result listed with a **Status** of Processed or Error, displays the date on which the **Status** was last updated.
- **Error Reason:** For each course completion result listed with a **Status** of Error, displays the reason for the processing error.

### Exported Report Output

Course completion results exported to a CSV-formatted file contain the same data elements as the course completions record file that was uploaded to Provider *EDGE* but with the addition of five (5) fields added by the system during processing.

For more information see [Course Completions Upload File Layout Requirements](#).

The additional fields added to the end of the CSV file include the following:

- **Submit Date:** For each course completion result listed, displays the date on which the course completion record was submitted to the system.
- **Confirm ID:** For each course completion result listed, displays its system-generated confirmation identifier, generated when the course completion record was uploaded to the system.
- **Status:** For each course completion result listed, displays its current processing status.
- **Error Description:** For each course completion result listed with a **Status** of Error, displays the reason for the processing error.
- **Result Date:** For each course completion result listed with a **Status** of Processed or Error, displays the date on which the **Status** was last updated.



# ProviderEDGE

**ProviderEDGE** offers submission of education course completions via electronic file upload to all 51 national regulatory jurisdictions.

The following sections provide step-by-step instructions for formatting and uploading a course completion file for submission via **ProviderEDGE**. It assumes that the user already has the **ProviderEDGE** application open.

## Notes

Unlike the **Upload Continuing Education Course Completion** service in Vertafore Education Provider Services, which offers course completion submission to only selected states, **ProviderEDGE** offers submission capabilities to all 51 national regulatory jurisdictions. Please consult your Vertafore sales representative for more information.

## Preparing a Course Completions File

Before you can upload a course completions file, first you must format your data.

The **ProviderEDGE** upload function requires your course completions data file to use a comma-separated value (\*.csv) file format. To manually create the data file and save it in the CSV file format, we recommend the use of a spreadsheet application, such as Microsoft® Excel®. However, if you are exporting data from another system for processing in **ProviderEDGE**, you may bypass the spreadsheet application and export the data directly in the CSV file format, making sure to delimit each field in the CSV file with commas.

The following sections provide instructions for using either formatting method:

### Using a Spreadsheet Application

1. Launch a spreadsheet application, such as Microsoft® Excel®.
2. With a new, blank spreadsheet open, using consecutive cells in Row 1, enter **Field Names** as expressed in the second column of the [Course Completions Upload File Layout Requirements](#). The **Field Names** you enter in Row 1 constitute the file's header row. The header row will make it easier for you to enter course completion data in the correct fields. However, the course completions upload function will ignore header row data.
3. In the appropriate cells in Row 2 of the spreadsheet, enter actual data from the first course completion record. For example, enter the first record's state abbreviation in the **State** field, enter the first record's provider organization ID number in the **Provider ID** field, etc.
4. Enter the data from the second course completion record in the appropriate cells in the next row on the spreadsheet.
5. Repeat step 4 until you have entered all of the course completion records in their own separate rows on the spreadsheet.

State	Provider ID	Provider Name	Course ID	Course Category	Course Name	Course Schedule ID	Course Completion Date	Course Hours	Course Ad
IL	101234	Sirton Education Provider	12345		Estate Planning		2/10/2011	12	
IL	101234	Sirton Education Provider	77744		Financial Planning Strategies		2/10/2011	12	
KS	100	Sirton Education Provider	973029		Ethics for the Insurance Professional		2/10/2011	2	
KS	100	Sirton Education Provider	576189LHV		Long Term Care Insurance & Partnership Training		12/16/2010	7	11021 Cla
KS	100	Sirton Education Provider	576001ETH		LTC Insurance: Ethics & Suitability		12/16/2010	1	11021 Cla
CA	20901	Sirton Education Provider	199323		Understanding Life Insurance Policies		2/10/2011	12	
CA	20901	Sirton Education Provider	204499		Ethics for the Insurance Professional		2/10/2011	4	
MD	511770	Sirton Education Provider	C01272		Retirement Income Planning Strategies		2/10/2011	4	9021 Wash
MD	511770	Sirton Education Provider	C01272		Retirement Income Planning Strategies		2/10/2011	4	9021 Wash
MD	511770	Sirton Education Provider	C01272		Retirement Income Planning Strategies		2/10/2011	4	9021 Wash
CO	80001	Sirton Education Provider	17980		Long Term Care Training		2/9/2011	5	1385 N Gl
CO	80001	Sirton Education Provider	17980		Long Term Care Training		2/9/2011	5	1385 N Gl
NY	100399	Sirton Education Provider	NYCS-217509		The Future of Health Insurance		2/5/2011	15	
OH	78756	Sirton Education Provider	94850		LTC Partnership Renewal Course		2/6/2011	4	9501 Wind
VA	184164	Sirton Education Provider	88301		Property & Casualty Insurance Essentials		2/3/2011	10	

- When you are finished, from the **File** menu, select **Save As**. The **Save As** dialog box will open.
- From the **Save As Type** dropdown menu, select CSV (Comma Delimited) (\*.csv).
- In the **File Name** field, enter a name for the course completions record file.
- Using the navigation options on the **Save As** dialog box, browse for a location on your system to save the course completions record file.
- Click the **Save** button. The **Save As** dialog box will close. Your file is now saved in a comma-separated format and is ready for upload. To continue, see [Uploading a Course Completions File](#).

### Using a Text Editor

In most cases, you can export course completions data from an LMS or other education tracking system to the required .csv format. It must follow the file layout requirements expressed in the [Course Completions Upload File Layout Requirements](#) section.

The steps below describe a manual formatting of data using a text editor:

- Launch a text editor application, such as Notepad® or WordPad®.
- With a new, blank file open, enter **Field Names** as expressed in the second column of the [Course Completions Upload File Layout Requirements](#).
- Separate each field name with a comma, but do not use a space as a separator. The field names you enter constitute the file's header line. The header line may make it easier for you to recognize the course completion data in the file. However, the course completions upload function will ignore header line data.
- Press the Enter key to move the cursor to the next line.
- Enter data from the first course completion record. Enter each data value in the order specified in the header line (for example, first enter the **State** value, then enter the **Provider ID** value, then the **Provider Name** value, etc.) Separate each data value with a comma, but do not use a space as a separator.
- Press the Enter key to move the cursor to the next line.
- Enter data from the second course completion record, using the correct order and separating values only with a comma (see step 5).
- Repeat steps 5 and 6 until you have entered all of the course completion records, each on its own separate line in the file.

State	Provider ID	Provider Name	Course ID	Course Category	Course Name	Course Schedule ID	Course Completion Date	Course Hours	Course
IL	101234	Sircon Education Provider	12345	Estate Planning	2/10/2011.12	Lane R. Vanderayde	2/20/1967	123-45-6789	7590326
IL	101234	Sircon Education Provider	77744	Financial Planning Strategies	2/10/2011.12	Lane R. Vanderayde	2/20/1967	123-45-6789	7590326
KS	100	Sircon Education Provider	973029	Ethics for the Insurance Professional	2/10/2011.2	Gary G. Ream	3/12/1963	555-45-6789	7590326
KS	100	Sircon Education Provider	576189LHV	Long Term Care Insurance & Partnership Training	12/16/2010.7	11021 Clairmont Ave	Wichita, KS	662	7590326
KS	100	Sircon Education Provider	576001ETH	LTC Insurance Ethics & Suitability	12/16/2010.1	11021 Clairmont Ave	Wichita, KS	662	7590326
CA	20901	Sircon Education Provider	199323	Understanding Life Insurance Policies	2/10/2011.12	Mikki Garcia	123-45-9789	7590326	7590326
CA	20901	Sircon Education Provider	204499	Ethics for the Insurance Professional	2/10/2011.4	Mark Coleman	123-45-1111	7590326	7590326
MD	511770	Sircon Education Provider	C01272	Retirement Income Planning Strategies	2/10/2011.4	9021 Washington Blvd	College Park	7590326	7590326
MD	511770	Sircon Education Provider	C01272	Retirement Income Planning Strategies	2/10/2011.4	9021 Washington Blvd	College Park	7590326	7590326
MD	511770	Sircon Education Provider	C01272	Retirement Income Planning Strategies	2/10/2011.4	9021 Washington Blvd	College Park	7590326	7590326
CO	80001	Sircon Education Provider	17980	Long Term Care Training	2/9/2011.5	1385 N Glendale Blvd Bldg A-109	Denver, CO	80222	7590326
CO	80001	Sircon Education Provider	17980	Long Term Care Training	2/9/2011.5	1385 N Glendale Blvd Bldg A-109	Denver, CO	80222	7590326
NY	NV-100399	Sircon Education Provider	NVCS-217509	The Future of Health Insurance	2/5/2011.15	Shomita Mishra	123-45-6789	7590326	7590326
OH	70756	Sircon Education Provider	94050	LTC Partnership Renewal Course	2/6/2011.4	9501 Windsor Ct 7	Cleveland, OH	44612	7590326
VA	184164	Sircon Education Provider	88301	Property & Casualty Insurance Essentials	2/3/2011.10	James Brown	123-45-6782	7590326	7590326

- When you are finished, from the **File** menu, select **Save As**. The **Save As** dialog box will open.
- In the **File Name** field, enter a name for the course completions record file, then enter a period, and then enter ".csv".
- Using the navigation options on the **Save As** dialog box, browse for a location on your system to save the course completions records file.
- Click the **Save** button. The **Save As** dialog box will close. Your file is now saved in a comma-separated format and is ready for upload. To continue, see [Uploading a Course Completions File](#).

### Warnings

To help ensure system validation of your data, please refer to [Course Completions Upload File Layout Requirements](#). Also, certain fields may be required, depending on state rules or rules governing the submission of product-specific training. For more information, see [State-Specific Requirements](#) and [Product-Specific Requirements](#).

### Notes

You may be able to export the required data in the required file layout and format directly from your company's learning management or other education tracking system. Consult the help system of the other system for more information.

Don't worry if a course completion record does not contain data to satisfy all of the fields identified in the header line. If you are using a spreadsheet application, for fields where there is no data to enter, simply leave them blank. Use caution, however, not to enter data in the wrong field. If you are using a text editor, for fields where there is no data to enter, simply enter a comma.

The system requires data only in fields required by the states; non-required data will be ignored.

## Uploading a Course Completions File

Use the **Upload Continuing Education Course Completions** page to select your course completions file, upload it to the system for validation, and submit course completions to the states.

- With the **Online Services - Education** menu page open, click the **Continuing Education Course Completions** link. The **Upload Continuing Education Course Completions** page will open.
- On the **Upload Continuing Education Course Completions** page, click the **Browse** button. The **Choose File** dialog box will open.
- Use the navigation options on the **Choose File** dialog box to locate the course completions file (\*.csv) on your system.

4. When the correct file name appears in the **File Name** field, click the **Open** button. The **Choose File** dialog box will close, and the system path to the file will appear in the **File to Upload** field.
5. Click the **Submit** button. The file will be uploaded into ProviderEDGE. When it is finished, the **Upload CE Course Completions: File Validation** page will open. To continue, see [Validating the Course Completions File Upload](#).

## Validating the Course Completions File Upload

After you upload a course completions file to ProviderEDGE, the system validates that the course completions are formatted properly and meet reporting requirements by state. Use the **Upload CE Course Completions: File Validation** page to review the results of the ProviderEDGE validation process.

**Upload CE Course Completions: File Validation**

<u>Subscriber Name</u>	<u>Request Date</u>	<u>Requestor</u>
Sircon Education Provider	8/12/2010	John Smith

**File Validation Summary**

Total Records	:	420
Successfully Validated	:	412
Failed Validation	:	8

**Validation Errors**

*The first 50 validation errors are displayed below.*

Row	State	Course ID	Last Name	Lic Num	Failure Reason
2	AK	2000	Belcher	12345	Alaska does not process course completions.
3	NE	2000	Belcher	12345	Nebraska does not process course completions.
4	NM	2000	Belcher	12345	New Mexico does not process course completions.
5	OR	2000	Belcher	12345	Oregon does not process course completions.
12	AL	2			The Completion Date must be on or after 08-02-2010.
13	AL	3	Belcher		The Completion Date must be on or after 08-02-2010.
55	CO	43717	Dahl	318939	Provider ID is missing.
56	CO		Dahl	318939	Course ID is missing.

[Download Complete Validation Error Report](#)

*Only successfully validated records will be submitted to the states for processing.*

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Process

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To open the **Upload CE Course Completions: File Validation** page, click the **Submit** button on the **Upload Continuing Education Course Completions** page.

The **Upload CE Course Completions: File Validation** page contains the following sections:

### Summary Information

Displays summary information about the ProviderEDGE account and current user and the file upload processing date.

Fields and controls include the following:

- **Subscriber Name:** Displays the name of the organization associated with the ProviderEDGE subscriber account.
- **Request Date:** Displays the date on which the currently selected course completions file was uploaded for validation in ProviderEDGE.
- **Requestor:** Displays the name of the subscriber representative logged into the current session of ProviderEDGE.

### File Validation Summary

Displays summary information about the results of the ProviderEDGE course completions file validation process.

Fields and controls include the following:

- **Total Records:** Displays the total number of course completion records that the ProviderEDGE validation process detected in the upload file.
- **Successfully Validated:** Displays the total number of course completion records in the upload file that passed the ProviderEDGE validation process and are ready to submit to states.
- **Failed Validation:** Displays the total number of course completion records in the upload file that failed ProviderEDGE validation. The first 50 records display in the **Validation Errors** section; you can export all failed course completion records to a comma-separated value (CSV) formatted file by clicking the **Download Complete Validation Error Report** button.

### Validation Errors

Displays a table listing the first 50 course completion records in the course completions upload file that failed ProviderEDGE validation, sorted in ascending order based on record row number in the upload file. Also offers a control to export to a comma-separated value (CSV) formatted file information about all course completion records that failed validation.

Fields and controls include the following:

- **Row:** For each course completion listed, displays its record row number.
- **State:** For each course completion listed, displays the two-letter code of the state to which the course completion is being submitted for processing.
- **Course ID:** For each course completion listed, displays the course identifier of the course completion.
- **Last Name:** For each course completion listed, displays the last name of the student associated with the course completion.
- **Lic Num:** For each course completion listed, displays the insurance license number of the student associated with the course completion in the state to which the course completion is being submitted for processing.
- **Failure Reason:** For each course completion listed, displays the long description of the specific error that caused the course completion to fail ProviderEDGE validation.



- **Download Complete Validation Error Report:** Click to export to a comma-separated value (CSV) formatted file all course completion records that failed Provider *EDGE* validation.

In the file, note that the system has added two columns at the horizontal end of the spreadsheet: **Row Number** (pinpointing the row number in the upload file that contained an error) and **Error Description** (the reason for the error).

#### View screen capture of Validation Error Report

	AI	AK	AL	AM	AN	AO
1	Course End Time	Provider Phone Number	Provider Authorized Rep First Name	Provider Authorized Rep Last Name	Row Number	Error Description
2	16:00	555-121-1212	John	Doe	5	The Completion Date must be on or after 12-07-2010.
3	17:00	555-121-1212	John	Doe	6	The Completion Date must be on or after 12-07-2010.
4		555-121-1212	John	Doe	14	Last 4 digits of SSN must be provided.
5	18:00	555-121-1212	John	Doe	15	Course Schedule ID is missing.
6		555-121-1212	John	Doe	16	Student Smart ID is missing.

#### Page Controls

Fields and controls include the following:

- **Previous:** Click to open the **Upload Continuing Education Course Completions** page.
- **Process:** *Displays only if a value displays in the **Successfully Validated** field in the **File Validation Summary** section.* Click to submit for state processing all course completion records in the upload file that have passed Provider *EDGE* validation.

The [Upload CE Course Completions: Confirmation](#) page will open.

#### Notes

Do not be confused by the **Process** button. When clicked, it will submit only course completions that passed Provider *EDGE* validation. It will not attempt to submit course completions displaying in the **Validation Errors** section of the **Upload CE Course Completions: File Validation** page.

Records containing validation errors will not be submitted nor incur a processing fee.

#### Tips

You can use the **Validation Error Report**, available in the **Validation Errors** section, to pinpoint specific problems in the upload file, correct the errors, and then resubmit the corrected course completions for re-validation. Be sure to delete the **Row Number** and **Error Description** columns from the file (the last two columns in the file) before resubmitting.

## Confirming the Course Completions File Upload

After you submit validated course completions to the states through Provider *EDGE*, use the **Upload CE Course Completions: Confirmation** page to review the initial results of the state processing.

**Upload CE Course Completions: Confirmation**

<u>Subscriber Name</u>	<u>Request Date</u>	<u>Requestor</u>
Sircon Education Provider	8/12/2010	John Smith

**Processing Results Summary**

Records Submitted	: 412
Records Processed	: 360
Records Pending	: 49
Records Rejected	: <span style="color: red;">3</span>

**Rejected Records**

*The first 50 rejected records are displayed below.*

Confirm ID	State	Course ID	Last Name	Lic Num	Rejected Reason
3501371	CO	43717	Dahl	318939	Course completion already exists in CO datastore .
3501372	CO	43717	Dahl		Course completion already exists in CO datastore .
3501373	ID	3182766	One	319492	Course completion already exists in ID datastore .

[Download All Processing Results](#)

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To open the **Upload CE Course Completions: Confirmation** page, click the **Process** button on the **Upload CE Course Completions: File Validation** page.

The **Upload CE Course Completions: Confirmation** page contains the following sections:

### Summary Information

Displays summary information about the ProviderEDGE account and current user and the file upload processing date.

Fields and controls include the following:

- **Subscriber Name:** Displays the name of the organization associated with the ProviderEDGE subscriber account.
- **Request Date:** Displays the date on which the currently selected course completions file was submitted for state processing through ProviderEDGE.
- **Requestor:** Displays the name of the subscriber representative logged into the current session of ProviderEDGE.

### Processing Results Summary

Displays summary information about the results of state processing of the submitted course completions.

Fields and controls include the following:

- **Records Submitted:** Displays the total number of validated course completions in the upload file that were submitted for state processing.

- **Records Processed:** Displays the total number of course completions that have been successfully processed by the state.
- **Records Pending:** Displays the total number of course completions that are awaiting state processing.
- **Records Rejected:** Displays the total number of course completions that have encountered an error in state processing.

**Rejected Records**

Displays a table listing the first 50 course completion records in the course completions upload file that encountered an error in state processing, sorted in ascending order based on confirmation ID in the processing results file. Also offers a control to export to a comma-separated value (CSV) formatted file information about the processing results of all course completion submitted for state processing.

Fields and controls include the following:

- **Confirm ID:** For each course completion listed, displays its system-generated confirmation identifier.
- **State:** For each course completion listed, displays the two-letter code of the state to which the course completion was submitted for processing.
- **Course ID:** For each course completion listed, displays the course identifier of the submitted course completion.
- **Last Name:** For each course completion listed, displays the last name of the student associated with the submitted course completion.
- **Rejected Reason:** For each course completion listed, displays the long description of the specific error that caused the course completion to error in state processing.
- **Download All Processing Results:** Click to export to a comma-separated value (CSV) formatted file all course completions submitted for state processing.

In the file, note the inclusion of three columns at the horizontal end of the spreadsheet: **Confirm ID** (a system-assigned transaction tracking number), **Status** (the current status of the course completion transaction), and **Error Description** (if the **Status** is Error, the reason for an error).

**View screen capture of Processing Confirmation Report.**

	AI	AK	AL	AM	AN	AO	AP
1	Course End Time	Provider Phone Number	Provider Authorizes Rep First Name	Provider Authorizes Rep Last Name	Confirm ID	Status	Error Description
2		555-121-1212	John	Doe	109891130	Pending	
3		555-121-1212	John	Doe	109891131	Pending	
4		555-121-1212	John	Doe	109891132	Pending	
5		555-121-1212	John	Doe	109891133	Pending	
6		555-121-1212	John	Doe	109891134	Pending	
7	17:00	555-121-1212	John	Doe	109891135	Pending	
8	17:00	555-121-1212	John	Doe	109891136	Pending	
9	17:00	555-121-1212	John	Doe	109891137	Pending	
10	17:30	555-121-1212	John	Doe	109891138	Processed	
11	17:30	555-121-1212	John	Doe	109891139	Error	Student License Number does not exist in state.

**Page Controls**

Fields and controls include the following:

- **Done:** Click to close the **Upload Continuing Education Course Completions** page and open the **Education Services** main menu page.

**Notes**



All validated requests submitted for processing are accepted by the system and assigned a **Confirmation ID**, regardless of state result.

### **Tips**

To review updated results of state processing, run the [Education Activity Inquiry](#). The report allows you to check the status of course completions that initially were in Pending status when they were first submitted.

## Checking for Updated State Results

ProviderEDGE offers two methods for checking on the status of submitted course completion records, including the following:

- Education Activity Inquiry (For more information, see Education Activity Inquiry on page 92.)
- Course Completion Status Inquiry (For more information, see Course Completion Status Inquiry on page 94.)

## ProviderEDGE Course Completions Upload File Layout Requirements

Use the table below as field reference when entering data in the course completions upload file.

Column	Field Name	Description	Req?
A	State	Must be a valid 2-letter state abbreviation. See <a href="#">Codes</a> .	N
B	Provider ID	Must be alphanumeric Must be 10 characters or less	Y
C	Provider Name	Must be between 2 and 100 characters long May contain only letters, digits, commas, apostrophes, accents, quotation marks, brackets, hash marks ampersands, plus symbols, minus symbols, equal symbols, underscores, or periods.	N
D	Course ID	Must be 25 characters or less Must be alphanumeric <b>Note:</b> Do not confuse Course ID with Provider Course ID. Course ID is state-assigned; Provider Course ID is provider-assigned.	Y
E	Course Category	Must contain only letters and digits. Must be 10 characters or less	N

		<p><b>Note:</b> If course completion applies to multiple course categories (up to 4), include additional course categories in Course Category 2, Course Category 3, and Course Category 4.</p> <p><b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a>.</p>	
F	Course Name	<p>May contain any of the following: a-z A-Z 0-9 ! @ # \$ % &amp; * ( ) _ ; : ' " \ / ? -</p> <p>Must be 200 characters or less</p> <p>May contain only letters, numbers, spaces, or punctuation</p>	N
G	Course Schedule ID/Course Offering ID	<p>Must be 25 characters or less</p> <p>Must be alphanumeric</p>	N
H	Course Completion Date	<p>Must be in the format MM-DD-YYYY</p> <p>Must contain a valid month, day, and year</p> <p><b>Note:</b> If you are using a spreadsheet application such as Microsoft Excel, do not allow leading zeros to be stripped from the date formatting. Bracket date values with apostrophe (') symbols to preserve leading zeroes, or format all cells in the spreadsheet as TEXT, rather than Excel's native GENERAL format.</p> <p><b>Note:</b> Each state has its own submission deadline rules regarding the maximum number of days after the Course Completion Date that it will accept course completion information. For more information, see <a href="#">State-Specific Requirements</a>.</p>	Y
I	Course Hours	<p>Field does "double-duty": If Course Category is included, then value applies to the first category to which the course completion applies; if Course Category is not included, then value reflects the total credit hours of the course completion.</p> <p>Must be a number</p> <p><b>Note:</b> Decimals are not required, but may be used if needed.</p> <p>Must not contain more than 6 total characters</p> <p>No more than 2 digits may succeed a decimal point</p> <p>Not allowed if Instructor Hours Completed is entered</p> <p><b>Note:</b> If course completion applies to multiple course categories (up to 4), include additional course hours per additional category in Credit Hours 2, Credit Hours 3, and Credit Hours 4.</p>	Y
J	Course Address Line 1	<p>May contain only letters, numbers, spaces, or</p>	N

		punctuation	
K	Course Address Line 2	May contain only letters, numbers, spaces, or punctuation	N
L	Course Address City	Must be between 2 and 35 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, spaces, hyphens, or periods	N
M	Course Address State	Must be a valid 2-letters state abbreviation	N
N	Course Address Zip Code	Must be between 2 and 10 characters Must not contain consecutive symbols May contain only digits, hyphens, or spaces	N
O	Student First Name	Must be between 2 and 25 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, commas, spaces, hyphens, apostrophes, or periods	N
P	Student Middle Name/Student Middle Initial	May provide either full Student Middle Name or Student Middle Initial. <b>Note:</b> Either middle initial or middle name could be accepted, depending on the state. See <a href="#">State Specific Requirements</a> . If full Student Middle Name is provided it must: <ul style="list-style-type: none"> <li>• Be between 2 and 25 characters long</li> <li>• Start with a letter</li> <li>• Not contain consecutive symbols</li> <li>• Contain only letters, commas, spaces, hyphens, apostrophes, or periods</li> </ul>	N
Q	Student Last Name	Must be between 2 and 35 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, commas, spaces, hyphens, apostrophes, or periods	N
R	Student Email Address	Must be 72 characters or less Must be a valid email address	N
S	Student License Type	Must contain only letters and digits Must be 10 characters or less	N

T	Student Birth Date	Must be in the format MM-DD-YYYY Must contain a valid month, day, and year	N
U	Student SSN	Must contain 4 or 9 digits, or in the following format: ###-##-#### Must be between 4 and 11 characters long May contain only numeric digits and dashes. <b>Note:</b> Either a nine-digit SSN or the last four digits of the SSN may be accepted, depending on the state. Dashes are not required but may be used. See <a href="#">State Specific Requirements</a> .	N
V	Student NPN	Must be 10 digits or less	N
W	Student License Number	Must be alphanumeric Must be 15 characters or less	N
X	Student State ID	Must be alphanumeric Must be 20 characters or less <b>Note:</b> Often student license number or state code is used.	N
Y	Student Smart ID	Must be alphanumeric Must be 20 characters or less <b>Note:</b> A "Smart ID" can be NPN or License Number.	N
Z	Instructor Hours Completed	Must be a number Must not have more than 5 total digits No more than 2 digits may succeed a decimal point Not allowed if Course Hours is entered	N
AA	Student Address Line One	May contain only letters, numbers, spaces, or punctuation	N
AB	Student Address Line Two	May contain only letters, numbers, spaces, or punctuation	N
AC	Student Address City	Must be between 2 and 35 characters long Must start and end with a letter Must not contain consecutive symbols May contain only letters, spaces, hyphens, or periods	N
AD	Student Address State	Must be a valid 2-letters state abbreviation	N
AE	Student Address Zip Code	Must be between 2 and 10 characters	N

		<p>Must not contain consecutive symbols</p> <p>May contain only digits, hyphens, or spaces</p>	
AF	Instruction Method Code	<p>Must be a valid 1-letter Instruction Method Code. Valid values:</p> <ul style="list-style-type: none"> <li>• C = Classroom</li> <li>• S = Self-Study</li> <li>• B = Both (classroom and self-study)</li> <li>• R = Self-Study - Correspondence</li> <li>• I = Self-Study - Internet</li> </ul> <p><b>Note:</b> Not all code values are allowed in all states. For more information, see <a href="#">State-Specific Requirements</a></p>	N
AG	Course Begin Date	<p>Must be in the format MM-DD-YYYY</p> <p>Must contain a valid month, day, and year</p>	N
AH	Course Begin Time	<p>Must be 5 characters or less</p> <p>Must be a in the format HH:MM. For example, 08:30, and 18:30 are valid values.</p> <p>May contain only letters, numbers, spaces, or punctuation</p>	N
AI	Course End Date	<p>Must be in the format MM-DD-YYYY</p> <p>Must contain a valid month, day, and year</p>	N
AJ	Course End Time	<p>Must be 5 characters or less</p> <p>Must be a in the format HH:MM. For example, 08:30, and 18:30 are valid values.</p> <p>May contain only letters, numbers, spaces, or punctuation</p>	N
AK	Provider Phone Number	<p>Must be in the format ###-###-#### or #####</p> <p><b>Note:</b> Dashes are not required but may be used.</p>	N
AL	Provider Authorized Rep First Name	<p>Must be between 2 and 25 characters long</p> <p>Must start and end with a letter</p> <p>Must not contain consecutive symbols</p> <p>May contain only letters, commas, spaces, hyphens, apostrophes, or periods</p>	N
AM	Provider Authorized Rep Last Name	<p>Must be between 2 and 35 characters long</p> <p>Must start and end with a letter</p> <p>Must not contain consecutive symbols</p> <p>May contain only letters, commas, spaces,</p>	N

		hyphens, apostrophes, or periods	
AN	Provider Course ID	An identifier that a provider assigns to a course. Must be 25 characters or less. <b>Note:</b> Do not confuse Provider Course ID with Course ID. Provider Course ID is provider-assigned; Course ID is state-assigned.	N
AO	Carrier Name	The name of a carrier for which a product-specific training (PST) course was designed. Must be 100 characters or less.	N
AP	Course Type	Type of education course completed. Valid values: <ul style="list-style-type: none"> <li>• CE</li> <li>• PST</li> </ul> Default is 'CE'.	N
AQ	Submit to State?	Indicates whether a course completion should be submitted to the department of insurance in the state identified in the State field. Valid values: <ul style="list-style-type: none"> <li>• Y: Yes</li> <li>• N: No</li> </ul> <b>Note:</b> If the value of the Course Type field is "PST," then "Submit to State?" must be 'N'	N
AR	Course Category 2	To reflect a course completion applying to two course categories, may be included in addition to Course Category Must contain only letters and digits. Must be 10 characters or less <b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a> .	N
AS	Credit Hours 2	May be included in addition to Course Hours or Instructor Hours Completed If reflecting instructor hours, must not exceed instructor hours allowed by state for Course Category 2 Must be a number <b>Note:</b> Decimals are not required, but may be used if needed. Must not contain more than 6 total characters No more than 2 digits may succeed a decimal point	N (Y, if Course Category 2 is included)

AT	Course Category 3	<p>To reflect a course completion applying to three course categories, maybe added in addition to Course Category and Course Category 2.</p> <p>Must contain only letters and digits.</p> <p>Must be 10 characters or less</p> <p><b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a>.</p>	N
AU	Credit Hours 3	<p>May be included in addition to Course Hours or Instructor Hours Completed</p> <p>If reflecting instructor hours, must not exceed instructor hours allowed by state for Course Category 3</p> <p>Must be a number</p> <p><b>Note:</b> Decimals are not required, but may be used if needed.</p> <p>Must not contain more than 6 total characters</p> <p>No more than 2 digits may succeed a decimal point</p>	N (Y, if Course Category 3 is included)
AV	Course Category 4	<p>To reflect a course completion applying to four course categories, maybe added in addition to Course Category, Course Category 2, and Course Category 3.</p> <p>Must contain only letters and digits.</p> <p>Must be 10 characters or less</p> <p><b>Note:</b> Valid values are state-specific. See <a href="#">Codes</a>.</p>	N
AW	Credit Hours 4	<p>May be included in addition to Course Hours or Instructor Hours Completed</p> <p>If reflecting instructor hours, must not exceed instructor hours allowed by state for Course Category 4</p> <p>Must be a number</p> <p><b>Note:</b> Decimals are not required, but may be used if needed.</p> <p>Must not contain more than 6 total characters</p> <p>No more than 2 digits may succeed a decimal point</p>	N (Y, if Course Category 4 is included)

# Account Information

## Maintain User Profile

Use the **Maintain User Profile** page to view or update an Education Provider Services subscriber representative user account, change a system password, or maintain account security permissions.



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- [Appointment Processing](#)
- [License Application](#)
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- [Virginia Continuance](#)
- [Background Investigation](#)
- [Service Request](#)
- [Inquiries](#)
- [Sircon Edge](#)
- [Administration](#)

**Maintain User Profile**

**Insurance Company**

**Subscriber Rep ID** 16692

**Last Name**  \* Required

**First Name**  \* Required

**Middle Name**

**Title**

**Login Name** vuser

**Old Password**

**New Password**

This password is used across all Sircon products. Please note that the password must be at least 6 characters long and cannot be the same as your last password.

**Confirm New Password**

**Business Telephone**  \* Required

**Business Extension**

**Business Fax**

**Email Address**  \* Required

**Administrator?**  Yes  No

**Cost Center**

[Click here to maintain your cost centers](#)

[Click here to view your organizations](#)

**Authorized Services**

- Background Investigation
- CE Continuance
- Inquiries
- License Application
- Appointments
- Producer Data Reconciliation
- Service Requests
- PDB Inquiries
- License Renewal
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**Current User**  
10012: Valued User  
[Logout](#)



To open the **Maintain User Profile** page, in the **Online Services** panel, click **Administration**. The Administration Menu will open. Then, choose one of the following:

- To update your own user account, in the **Account Management** section of the Administration Menu click the **Maintain User Profile** link
- To update another user's account, click the user's **Name** link on the [Maintain Subscriber Representative](#) page.

The **Maintain User Profile** page contains the following sections:

### **Account Information**

Fields and controls include the following:

- **Subscriber Rep ID:** *Required. Read only.* Displays the system identifier of the user whose account information you are reviewing or updating.
- **Last Name:** *Required.* Update the user's last name.
- **First Name:** *Required.* Update the user's first name.
- **Middle Name:** Update the user's middle name.
- **Title:** Update the user's business title.
- **Login Name:** *Required. Read only.* Displays the system-validated user name. The user name cannot be modified.
- **Old Password:** Enter your current, valid password.
- **New Password:** Enter a new password that complies with your organization's chosen password requirements. For more information, see Maintain Password Parameters.
- **Confirm New Password:** Re-enter the password you entered in the **New Password** field.
- **Business Telephone:** *Required.* Update the user's phone number at his or her desk.
- **Business Extension:** Update the user's phone extension at his or her desk.
- **Business Fax:** Update the user's fax number.
- **Email Address:** *Required.* Update the user's business email address.
- **Administrator?:** To allow the user only to use system services, click the No radio button. To grant the user administrator permissions, including the ability to create, modify, and delete user accounts, click the Yes radio button. (The default is No.)
- **Cost Center:** Not functional in Education Provider Services.
- **Authorized Services:** Not functional in Education Provider Services.
- **Click here to maintain your cost centers:** Not functional in Education Provider Services.
- **Click here to view your organizations:** Not functional in Education Provider Services.

### **Page Controls**

Fields and controls include the following:

- **Submit:** Click to save the updated user information to the system. If all required information was entered and all information is valid, the **Maintain User Profile** page will refresh and display a message confirming the successful account creation.

- **Add Another:** Click when you have saved updated user information and wish to keep the **Maintain User Profile** page open for the purpose of adding or updating another user.
- **Cancel:** Click to open the Administration Menu.

To perform related tasks, review the following instructions:

### Updating a User Account

You can make changes to certain information in a Education Provider Services user account, including your own account.

All changes are optional, except that you may be required by your organization's business rules to change your password. Some information is system-protected or configured by your administrator and therefore is display only.

Use the following steps:

1. In the **Last Name** field, update the user's last name.
2. In the **First Name** field, update the user's first name.
3. In the **Middle Name** field, update the user's middle name.
4. In the **Title** field, update the user's business title.
5. In the **New Password** field, enter a new password for the user that complies with your organization's chosen password requirements. For more information, see **Maintain Password Parameters**.
6. In the **Confirm New Password** field, re-enter the password you entered in the **New Password** field.
7. In the **Business Telephone** field, update the user's phone number.
8. In the **Business Extension** field, update the user's phone extension.
9. In the **Business Fax** field, update the user's fax number.
10. In the **Email Address** field, update the user's business email address.
11. Click the **Submit** button to save the updated information to the user's user account. If you are changing a user's password, the **Admin Authorization Required** popup will display. Proceed to step 16. If you are changing any user information other than the user's password, and if all required information was entered and met system validation, the **Maintain User Profile** page will refresh and display a message confirming the successful account update. Proceed to step 18.
12. In the **Admin Authorization Required** popup, enter your own Education Provider Services password.
13. Click the **Submit** button on the **Admin Authorization Required** popup. The popup will close, and the **Maintain User Profile** page will refresh and display a message confirming the successful account update.
14. To return to the **Administration** Menu, click the **Cancel** button.

### Changing a Password

Password changes occur under two scenarios:

#### Changing a Password When Required

Depending on your company's or organization's configuration of Education Provider Services, you may be required to change your "starter" password (the password the administrator set when he or she created your user account) the very first time you log onto

Education Provider Services. You may also be required to change your password after certain intervals of time (for example, every 90 days), based on your organization's password-aging requirements.

When you are required by your organization's password change requirements, instead of the Main Page the **Maintain SIRCON Password** page will display when you successfully log onto Education Provider Services.

Use the following steps:

1. In the **Old Password** field, enter your current, valid password. **Note:** Use the password you just used to log in to the system.
2. In the **New Password** field, enter a new password that complies with your organization's password requirements. For more information, see Maintain Password Parameters.
3. In the **Confirm New Password** field, enter the password you entered in the **New Password** field.
4. Click the **Submit** button.
5. The system will record your new password, and the Education Provider Services main page will open. The next time the user logs in to Education Provider Services, the user must use the new password.

### Changing a Password Voluntarily

A user may wish to change a password voluntarily at any time.

Use the following steps:

1. In the **Old Password** field, enter your current, valid password.
2. In the **New Password** field, enter a new password that complies with your organization's password requirements. For more information, see [Maintain User Profile](#) and Maintain Password Parameters.
3. In the **Confirm New Password** field, re-enter the password you entered in the **New Password** field.
4. Click the **Submit** button to save your new password.
5. The **Maintain User Profile** page will refresh and display a message confirming the successful account update.
6. To return to the Administration Menu, click the **Cancel** button. The next time the user logs in to Education Provider Services, the user must use the new password.

### Notes

A password set on the **Maintain User Profile** page in Education Provider Services will apply to all Vertafore Sircon applications, including Producer Manager and Producer Express.

Some fields and controls on the **Maintain User Profile** page are available only to users with administrative permissions.

The user permission to set "ad hoc" cost centers at transaction run-time is configured on the **Maintain Subscriber Cost Center** page. If the permission is disabled, costs for all transactions and other fee-based activities must be assigned to a pre-defined cost center.

If you are a user with administrative permissions and are resetting another user's password, after you click the **Submit** button, the **Admin Authorization Required** popup box will open. To verify your system administrator credentials, enter your own password in the field, and then click the **Submit** button on the

popup box. The popup box will close, and the **Maintain User Profile** page will confirm the successful update of the user's account.

## Appendix A: State-Specific Requirements

The following are state-specific course completion upload file validation requirements:

**Note:** Any data included in an **Optional Field** will be passed to and accepted by the state. Data in any field not identified as either a **Required Field** or an **Optional Field** will be ignored by the state. **Submission Deadline** represents the maximum number of days after the **Course Completion Date** that a state will accept course completion information.

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Alabama</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		10
<b>Alaska</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student First Name Student NPN	Student Middle Name Student License Type Student License Number	Instructor Hours Completed is required for the course instructor.	10

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Arizona</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student First Name Student License Number	Student Middle Name		30
<b>Arkansas</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student First Name Student License Number OR Student NPN	Student Middle Name License Type		20
<b>California</b>	Provider ID Provider Name Course ID Course Name Instruction Method Student License Number OR Student SSN	Student Middle Name	Instruction Method valid values: <ul style="list-style-type: none"> <li>• C (Classroom)</li> <li>• S (Self-Study)</li> </ul> If Instruction Method value is C, the following fields are required: <ul style="list-style-type: none"> <li>• Course Address Zip Code</li> <li>• Course Start Date</li> <li>• Course Start Time</li> </ul>	30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Colorado</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name		160
<b>Connecticut</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN	Course Schedule ID		46
<b>Delaware</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>District of Columbia</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		3
<b>Florida</b>	Provider ID Provider Name Course ID Course Name Course Schedule ID Course Hours Course Completion Date Course End Date Student Last Name Student First Name Student License Number OR Student SSN	Student Middle Name	Instruction Method valid values: <ul style="list-style-type: none"> <li>• C (Classroom)</li> <li>• S (Self-Study)</li> </ul> Student Student State ID is required for the course instructor.	20
<b>Georgia</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name		270



State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Hawaii</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student First Name Student License Number (Note: Must be the Hawaii Vendor ID)	Student Middle Name		15
<b>Idaho</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN	Course Schedule	Course Category is required for the course instructor. Instructor Hours Completed is required for the course instructor.	60
<b>Illinois</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		10

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Indiana</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number or Student SSN or Student NPN	Student Last Name	If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>• Course Schedule ID/ Course Offering ID</li> </ul>	15
<b>Iowa</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		10
<b>Kansas</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
Kentucky	Provider ID Provider Name Course ID Course Name Course Completion Date Instruction Method Student Last Name Student First Name Student License Number OR Student NPN	Student Middle Name	Instruction Method valid values: <ul style="list-style-type: none"> <li>• C (Classroom)</li> <li>• S (Self-Study)</li> </ul> If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>• Course Address Line 1</li> <li>• Course Address City</li> <li>• Course Address State</li> <li>• Course Address Zip Code</li> <li>• Provider Authorized Rep First Name (Must be instructor's first name)</li> <li>• Provider Authorized Rep Last Name (Must be instructor's last name)</li> </ul> If Instruction Method value is C (Classroom), the following fields are optional: <ul style="list-style-type: none"> <li>• Course Address Line 2</li> </ul>	30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Louisiana</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number	Student Middle Name License Type		60
<b>Maine</b>	Provider ID Provider Name Course ID Course Name Instruction Method must be 'C', 'R', or 'I' Course Completion Date Course Hours Student Last Name Student First Name Student License Number OR Student SSN			30
<b>Maryland</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student Smart ID	Course Schedule ID/Course Offering ID Student Middle Name	Course Category is required for the course instructor. Instructor Hours Completed is required for the course instructor. If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/Course Offering ID</li> </ul>	15

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Massachusetts</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student First Name Student License Number	Student Middle Name		30
<b>Michigan</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student License Number	Student First Name Student Middle Name		30
<b>Minnesota</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name	If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/ Course Offering ID</li> </ul>	730

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Mississippi</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name Course Schedule ID		160
<b>Missouri</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		30
<b>Montana</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN	Student First Name Student Middle Name Student License Type Student License Number	Instructor Hours Completed is required for the course instructor.	30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Nebraska</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student License Number OR Student NPN	Student First Name Student Middle Name Student License Type Student SSN		30
<b>Nevada</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name Course Schedule ID		90
<b>New Hampshire</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		15

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>New Jersey</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN	Instruction Method If Instruction Method value is C (Classroom), the following fields are optional: <ul style="list-style-type: none"> <li>• Course Start Date</li> <li>• Course Start Time</li> <li>• Course Zip Code</li> </ul>		720
<b>New Mexico</b>	No CE			
<b>New York</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student First Name Student License Number	Student Middle Name		30
<b>North Carolina</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student NPN		If the Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>• Course Schedule ID/Course Offering ID</li> </ul>	15



State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>North Dakota</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		15
<b>Ohio</b>	Student State ID Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student NPN		If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/ Course Offering ID</li> </ul>	160
<b>Oklahoma</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student License Number	Student First Name Student Middle Name Student License Type Student SSN Student NPN		10

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Oregon</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number OR Student SSN	Student First Name Student Middle Name Student License Type		15
<b>Pennsylvania</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN		If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/ Course Offering ID</li> </ul> Course Category is required for the course instructor. Instructor Hours Completed is required for the course instructor.	160
<b>Rhode Island</b>	Provider ID Provider Name Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		20

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>South Carolina</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student First Name Student License Number	Student Middle Name		30
<b>South Dakota</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN		If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/ Course Offering ID</li> </ul> Course Category is required for the course instructor.  Instructor Hours Completed is required for the course instructor.	15
<b>Tennessee</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student NPN OR Student License Number	Student First Name Student Middle Name Student License Type Student SSN		30

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>Texas</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number	Course Schedule ID		731
<b>Utah</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student License Number OR Student SSN OR Student NPN	Student Last Name	If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>Course Schedule ID/ Course Offering ID</li> </ul> Course Category is required for the course instructor.  Instructor Hours Completed is required for the course instructor.	500
<b>Vermont</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN			31

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
Virginia	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student Smart Identifier			21

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
Washington	Provider ID Provider Name Course ID Course Name Instruction Method: Must be 'C', 'S' or 'B' Course Completion Date Student Last Name Student First Name Student License Number Course Begin Date	Student Middle Name Course Hours Course Category	If Instruction Method value is C (Classroom), the following fields are required: <ul style="list-style-type: none"> <li>• Course Address Line 1</li> <li>• Course Address Line 2 (if applicable)</li> <li>• Course Address City</li> <li>• Course Address State</li> <li>• Course Address Zip Code</li> <li>• Provider Authorized Rep First Name (Must be instructor's first name)</li> <li>• Provider Authorized Rep Last Name (Must be instructor's last name)</li> </ul> Instructor Hours Completed is required for the course instructor.	10

State Name	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>West Virginia</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Course Hours Student Last Name Student First Name Student License Number	Student Middle Name		30
<b>Wisconsin</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN			180
<b>Wyoming</b>	Provider ID Provider Name Course ID Course Name Course Completion Date Student Last Name Student License Number OR Student NPN			60





## Appendix B: Product-Specific Requirements

The following are product-specific course completion upload file validation requirements:

Course Type	Required Fields	Optional Fields	Conditional Requirements	Submission Deadline (in days)
<b>PST</b>	Course Type Provider Course ID Course Category Course Hours Course Completion Date Student Last Name Student First Name Student NPN OR Student License Number Submit to State?	Carrier Name	Course Type value must be PST. Submit to State? value must be N.	N/A

## Appendix C: Codes

The following lists the valid values for specified data types in a course completions upload or request file and their definitions.

### *Course Category Code/Instructed Category Code*

Code Value	Definition
AH	Accident & Health
AHADJ	Accident & Health Adjuster
AHDIS	Accident & Health Including Disability
ALL	All
ANNC	Annuity – Classroom
ANNCS	Annuity – Company Sponsored
ANNCSDL	Annuity – Company-Sponsored Distance Learning
ANNDL	Annuity – Distance Learning
ANS	Annuity Suitability Training
CAS	Casualty
CASO	Casualty Only
CS	General – Company-Sponsored
DL	General – Distance Learning
ETH	Ethics
ETHCL	Ethics – Classroom
ETHCS	Ethics – Company-Sponsored
ETHCSDL	Ethics – Company-Sponsored Distance Learning
FCL	Flood – Classroom
FCS	Flood – Company-Sponsored

Code Value	Definition
FCSDL	Flood – Company-Sponsored Distance Learning
FDL	Flood – Distance Learning
FLOOD	Flood
GEN	General – Classroom
GENCSDL	General – Company-Sponsored Distance Learning
HLTH	Health
HC	Health & Casualty
HP	Health & Property
HPC	Health, Property and Casualty
LAH	Life, Accident & Health
LAHPC	Life, Accident Health P&C
LI	Life
LC	Life & Casualty
LH	Life & Health
LHC	Life & Health, Casualty
LHP	Life, Health & Property
LMPC	LTC/MA/PT – Classroom
LMPCS	LTC/MA/PT – Company-Sponsored
LMPDL	LTC/MA/PT – Distance Learning
LPC	Life, Property and Casualty
LP	Life & Property
NA	Not Applicable
OTHR	Other
PC	Personal P&C
PCADJ	Property & Casualty Adjuster
PPC	Property & Casualty

Code Value	Definition
PROP	Property
TI	Title
TIETH	Title Ethics
WC	Workers' Compensation
WCADJ	Workers' Compensation Adjuster

## State Codes

AK: Alaska  
 AL: Alabama  
 AR: Arkansas  
 AS: American Samoa  
 AZ: Arizona  
 CA: California  
 CO: Colorado  
 CT: Connecticut  
 DC: District of Columbia  
 DE: Delaware  
 FL: Florida  
 GA: Georgia  
 GU: Guam  
 HI: Hawaii  
 IA: Iowa  
 ID: Idaho  
 IL: Illinois  
 IN: Indiana  
 KS: Kansas  
 KY: Kentucky  
 LA: Louisiana  
 MA: Massachusetts  
 MD: Maryland  
 ME: Maine  
 MI: Michigan

MN: Minnesota  
MO: Missouri  
MS: Mississippi  
MT: Montana  
NC: North Carolina  
ND: North Dakota  
NE: Nebraska  
NH: New Hampshire  
NJ: New Jersey  
NM: New Mexico  
NV: Nevada  
NY: New York  
OH: Ohio  
OK: Oklahoma  
OR: Oregon  
PA: Pennsylvania  
PR: Puerto Rico  
RI: Rhode Island  
SC: South Carolina  
SD: South Dakota  
SK : Saskatchewan  
TN: Tennessee  
TX: Texas  
UT: Utah  
VA: Virginia  
VI: U.S. Virgin Islands  
VT: Vermont  
WI: Wisconsin  
WV: West Virginia  
WY: Wyoming

## Appendix D: Document History

Version	Update Date	Author/Editor	Revisions	Comments
15.2.2	4/12/2013	Mark Nowlin	Update Submission Deadline for DC	DOC-903
15.3	5/6/2013	Mark Nowlin	Added new State-Specific Reqs for Montana	DOC-919
15.3.1	5/7/2013	Mark Nowlin	Split basic Course Completion File Layout between non-Smart ID and Smart ID states	DOC-918
15.3.2	6/11/2013	Mark Nowlin	Updated State-Specific Reqs section with new Virginia submission deadline.	DOC-940
15.6	1/8/2014	Mark Nowlin	Added new State Specific Reqs for Alaska	DOC-991
15.6.1	2/11/2014	Mark Nowlin	Added new State Specific Reqs for Wyoming	DOC-1003
16.0	1/6/2015	Mark Nowlin	Added new State Specific Reqs for Arkansas; updated format to new Vertafore corp reqs	DOC-1061
16.1	2/18/2015	Evan Nowlin	Updated State-Specific Reqs section with new Maryland submission deadline.	DOC-1064
16.2	4/20/2015	Mark Nowlin	Updated Course Category/Instructed Category Codes	DOC-1090
16.2.1	6/11/2015	Mark Nowlin	Updated State-Specific Reqs section: Removed Student State ID as	DOC-1101, RCS-4307

Version	Update Date	Author/Editor	Revisions	Comments
			req'd field for all states except Ohio	
16.3	6/11/2015	Mark Nowlin	Updated State-Specific Reqs section to update Maryland requirements	DOC-1106
16.3.1	6/25/2015	Evan Nowlin	Added Instructor Maintenance section	DOC-1065
16.3.2	9/25/2015	Evan Nowlin	Added Annuity Suitability code to Course Category Codes section	DOC-1112
16.5	2/23/2016	Mark Nowlin	Added provider self-signup section	DOC-1123
16.8	8/23/2016	Mark Nowlin	Moved Document History section to Appendix D  Made separate appendices of state- and product-specific requirements and codes.  Added file type support for course applications.	DOC-1181