**State of Maine**

**Department of Professional & Financial Regulation**

**Bureau of Insurance**

**“CONTINUING EDUCATION SPEAKER/INSTRUCTOR QUALIFICATION FORM”**

**Speaker/Instructor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: ­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Provider#:** \_\_\_\_\_\_\_\_\_\_\_

**E-Mail of Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person completing form)

**RELATED EDUCATIONAL BACKGROUND** (DO NOT SUBMIT RESUME)

 **Speaker/Professional Designation/Seminars Degree/Designation**

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**Have you ever taught an insurance course before**? YES [ ] NO [ ]

**Circle Two** **(2)** Applicable Qualifications.

 A. Three (3) years’ experience in subject being taught.

 B. Related degree in subject matter of course being studied.

 C. A combination of sixty (60) hours course toward a degree and two (2) years’ experience in subject matter.

 D. A minimum of two (2) years recent experience as a licensed insurance agent and a minimum of three (3) months practical experience in the subject matter being taught.

 E. Professional designation from a recognized industry association.

Office Location: 76 Northern Avenue, Gardiner, Maine 04345

Mailing Address: 34 State House Station, Augusta, Maine 04333

[www.maine.gov/pfr/insurance/home](http://www.maine.gov/pfr/insurance/home)

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| Phone: (207) 624-8475  | TTY: Please Call Maine Relay 711 | Consumer Assistance: 1-800-300-5000 | Fax: (207) 624-8599 |

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