Mailing Address: Location;

Maine Bureau of Insurance Bureau of Insurance

34 State House Station Gardiner Annex

Augusta, ME 04333 76 Northern Avenue

Gardiner, ME 04345

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**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.

**CE-4** (9/09)