

**Ohio Department of Insurance**

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



**PRE-LICENSING EDUCATION INSTRUCTOR  
 APPROVAL REGISTRATION**

www.insurance.ohio.gov

Provider Name:		Provider ID#:
Indicate the course(s) for which approval is sought:		
<input type="checkbox"/> Life	<input type="checkbox"/> Property	<input type="checkbox"/> Personal
<input type="checkbox"/> Accident & Health	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety Bail Bond
Full Name/Professional Designations:		SSN:
Residence Address:	Business Address:	
Phone (      )	Internet Address:	
Address of Provider:	Class Location:	
Phone (      )		
Questions are relevant to the Instructor applicant. If any questions are answered "YES", attach a statement providing complete detail.		
1. Do you currently hold a resident insurance license in Ohio?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you currently hold a resident insurance license in another state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you hold any Professional Insurance Designations? (If yes, provide proof of designation.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been, or are you currently, affiliated with any other pre-licensing education program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been refused a license or approval; or has your license or approval ever been suspended or revoked or has this or any other insurance department ever fined you; or have you ever surrendered your license or approval for cause in lieu of action by any state insurance department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Certification of Authorized Provider Official:

I hereby certify this instructor to teach the course(s) indicated above.

\_\_\_\_\_  
 Name (Type or Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

**DEPARTMENTAL USE ONLY**

Approved Date: \_\_\_\_\_ Approved Course: \_\_\_\_\_ File Fee: \_\_\_\_\_

**Continuing Education**

Last Compliance Period: \_\_\_\_\_ / \_\_\_\_\_                      Number of Credits: \_\_\_\_\_

Current Compliance Period: \_\_\_\_\_ / \_\_\_\_\_                      Number of Credits: \_\_\_\_\_

Attach a transcript of courses completed during the current compliance period.

**Insurance Related Work Experience**

List most recent first (at least 5 years)

Date of Employment  
FROM                      TO

Employer:		
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Position & Description of Duties:		
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Employer:		
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Position & Description of Duties:		
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Employer:		
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Position & Description of Duties:		
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Employer:		
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Position & Description of Duties:		
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Employer:		
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Position & Description of Duties:		
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**Signature of Instructor**

I certify the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A filing fee of \$25.00 is required with each Instructor Registration.**