

**INSURANCE CONTINUING EDUCATION PROVIDER APPLICATION**

**Provider name:**

**DBA:**

**Mailing address:**

**City, State and Zip code:**

**Continuing Education Program Coordinator name:**

**Phone number (and Ext):**

**Email address:**

**Secondary contact person name:**

**Secondary phone number:**

**Secondary e-mail address:**

**Website URL for course information:**

**Courses open to all producers? Yes**       **No**

1. Has the provider’s owner(s), partner(s), officer (s), program coordinator, secondary contact person or others having access to client continuing education records been convicted of a felony as an adult within the last ten years?

**Yes**       **No**

2. Has the provider’s owner(s), partner(s), officer (s), program coordinator or secondary contact person been involved in an administrative action that resulted in a fine, suspension or revocation regarding their professional or occupational license in the past five years?

**Yes**       **No**      

3. Has the provider’s owner(s), partner(s), officer (s), program coordinator, secondary contact person or others having access to client continuing education records been found liable in a lawsuit, or arbitration proceeding involving allegations of fraud, conversion of funds or breach of a fiduciary duty in the past ten years?

**Yes**       **No**      

*If you answered “Yes” to any of these questions, provide an explanation on a separate page.*

**I certify the information I provided on this form is complete and true and I have reviewed WAC 284-17-200 to 284-17-312** (<http://apps.leg.wa.gov/wac/default.aspx?cite=284-17>).

**Name of provider’s authorized submitter**:

**Date**:

*(WAOIC CEPA 7-2016)*