



STATE OF MINNESOTA DEPARTMENT  
OF COMMERCE  
85 7<sup>TH</sup> PLACE EAST, SUITE 280  
ST. PAUL, MN 55101  
PHONE: 651-539-1599  
FAX: 651-539-0112

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Course #: \_\_\_\_\_

APPROVED       DENIED       RETURNED

By \_\_\_\_\_

DISTANCE LEARNING / SELF-STUDY or INTERACTIVE INTERNET

CLASSROOM       COMPANY-SPONSORED

Number of credits approved \_\_\_\_\_  
REQUIRED **ETHICS** FOR INSURANCE CE

**Please Note:** A current, correctly completed application with all required attachments and fee must be submitted at least 30 days before the initial proposed course offering date.

**INSURANCE CONTINUING EDUCATION ETHICS COURSE APPROVAL APPLICATION**

REQUIRED INSURANCE **ETHICS** COURSE INFORMATION - (MUST Contain 100% Ethics Topic Only)

Course Title: \_\_\_\_\_  
(Please Print or Type – Writing Must Be Legible)

Initial Proposed Date(s) of Course: \_\_\_\_\_

**PROVIDER/COORDINATOR INFORMATION – (All Boxes Must Be Completed)**

**NOTE: MN PROVIDER / COORDINATOR APPLICATION & FEE MUST BE SUBMITTED WITH THIS COURSE APPLICATION IF PROVIDER / COORDINATOR IS NOT ALREADY MN APPROVED**

Provider Name (In Full – Exactly as it appears on your MN approval letter):	(REQUIRED) MN Provider ID#
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Provider Street Address:

City:	State:	Zip:
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**Mailing** Address if different from above:

City:	State:	Zip:
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Provider Phone Number: ( )	Provider Fax: ( )	Provider Toll-Free: ( )
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Website:

Coordinator Name:

Coordinator <u>Direct</u> Phone:	Coordinator <u>Direct</u> Business Email:
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Federal Employer Identification Number -- (FEIN):

APPLICATION FEE (Only check or money order accepted)      License Type: **INSURANCE (Adjuster AND Producer)**

New Course: \$10 per hour or fraction of an hour. (Example: 1.5Hrs = \$20)      # of Hours Requested: \_\_\_\_\_

Total Fee Submitted: \_\_\_\_\_      Check Number: \_\_\_\_\_

**Make sure that you are submitting the most current revision of this application located at <http://mn.gov/commerce/>. Outdated submissions will be returned without review.**

**Method of Presentation / Instruction:**

**Note: You may choose ONLY ONE Instruction Method per Application and Fee**

**Traditional Classroom**

**Internet** (Must meet MN Requirements for Interactivity and include a process to authenticate the student's identity. The final examination must be either an encrypted online examination or a paper examination that is monitored by a proctor who certifies that the student took the examination. The student must not be allowed to review the course content once the examination has begun.) (See Appendix B)

**WebEx** (Interactive)    **Webinar** (Interactive)    **Remote TV** (Interactive with audio)  
(For every student, attendance must be physically monitored throughout the course and exam by the MN approved Coordinator for your Providership or physically monitored and certified by a verifiable Proctor.) (See Appendix B)

**Self-study / Correspondence** - (The course content and time must be verifiable, and for every student, attendance must be physically monitored throughout the exam by the MN approved Coordinator for your Providership or physically monitored and certified by a verifiable Proctor.) (See Appendix B)

**Attach an IN-DEPTH explanation for (Each) Item below:**

**Method of Instruction/Presentation**    **Exam & Exam Presentation**    **Use & Verification of Proctors**  
See APPENDIX B regarding requirements for interactive internet course, exam, and verifiable proctors.

**The following questions MUST be answered or application will be returned as deficient.**

**Is this provider also an insurance producer, agency, managing general agent, or insurance company in any state including MN? Yes:  No:**

- If yes, list the license type, license number, FEIN, state, and attach verifiable documentation **for each**.

Lic Type: \_\_\_\_\_, Lic Number: \_\_\_\_\_, FEIN: \_\_\_\_\_, State: \_\_\_\_\_

**Will this course be offered or sponsored by, or affiliated with an insurance company, agent, agency, managing general agent, or insurance broker? Yes:  No:**

- If yes, please explain your answer below or attach additional paper as necessary.

Details: \_\_\_\_\_

**Will this course be held on the premises of a company doing business in the regulated area? Yes:  No:**

- If yes, list the details and attach verifiable documentation.

Details: \_\_\_\_\_

**Will this course be open to the public? Yes:  No:**

**Will this course be restricted to any particular group of people? Yes:  No:**

- If yes, list the details.

Details: \_\_\_\_\_

**ALL Providers must check whether this course is categorized under any of the following conditions:**

This course leads to a nationally-recognized professional designation used by Insurance licensees.

Name of designation (spelled out): \_\_\_\_\_  **Attach verification documents.**

This course has been approved by a State or Federal regulatory agency.  **Attach copy of approval letter(s).**

State: \_\_\_\_\_ Agency or Board: \_\_\_\_\_ # of approved hours: \_\_\_\_\_

(Attach additional paper as necessary for additional states.)



## SYLLABUS FOR STUDENTS

If you will not be distributing a textbook containing all of the details below, you must complete this page (or attach your own Syllabus containing all of the information below) before your application can be processed. **Syllabus must be distributed to all students, along with a copy of the detailed, timed course outline.**

Provider Name & Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Dates and times of course offerings: (if date/time unknown write TBD)

DATE & TIME	LOCATION

**Required:** Name and address or telephone number or direct email address of Course Coordinator and ALL Course Instructors (add pages as needed).

	Name	Address or Phone Number or Direct Email
Coordinator		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		
Instructor		

When distributing this syllabus to students, you **MUST** attach a copy of the detailed, timed course outline.

**“ETHICS COURSE”**

**INSTRUCTOR**

**QUALIFICATIONS AND CONTACT INFORMATION PAGE**

Copy and attach additional pages as needed; one for every continuing education course instructor.

**Attach a Bio or Resume to this completed form.**

<b>Instructor Full Legal Name:</b>	
<b>Date of Birth:</b>	
Business Address:	
City, State, Zip:	
Phone Number:	Business Email Address: (Required)
Do you <u>currently hold or have you ever held</u> any insurance license in any state, including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach list of license number, state, and status.</b>	
<input type="checkbox"/> Resident Insurance License #	Name of Resident State
<input type="checkbox"/> Non-Resident Insurance License #	Name of State
Do you currently hold or have you ever held <u>any other type of occupational / professional license in any state</u> , including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach list of license type, number, state, and status.</b>	
Has instructor applicant ever had <u>any</u> occupational / professional license <u>in any state</u> including Minnesota that has been suspended, revoked, or terminated, or been the subject of inquiry or investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach documentation and detailed explanation signed &amp; dated by instructor.</b>	
Has instructor applicant ever been convicted of a felony or gross misdemeanor, or been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach documentation and detailed explanation signed &amp; dated by instructor.</b>	
Mandatory Qualifications ( <i>Please check one below</i> )	
<b>Minn. Stat. Chapter 45.32. Subd.2. Qualified Continuing Education instructors must have one of the following qualifications.</b>	
<input type="checkbox"/> a four-year degree in any area plus two years practical experience in the subject area being taught;	
<input type="checkbox"/> five years of practical experience in the subject area being taught; or	
<input type="checkbox"/> a college or graduate degree in the subject area being taught.	

**COORDINATOR CERTIFICATION AND SIGNATURE PAGE**

As an approved education coordinator I understand that:

- I am responsible for ensuring that instructors are qualified to teach the course offering and that failure to have only qualified instructors teach an approved course offering will result in loss of course approval.
- I am responsible for supervising and evaluating courses and instructors. Supervision includes assuring, especially when a course will be taught by more than one instructor, that all areas of the curriculum are addressed without redundancy and that continuity is present throughout the entire course.
- I am responsible for investigating complaints related to course offerings and instructors and forwarding a copy of the written complaints to the Department of Commerce.
- Courses may not be advertised before approval, unless this application has already been submitted to the MN Department of Commerce and the course is described in the advertising as "approval pending";
- The number of approved hours must be accurately displayed on any advertisement for the course, and if the course offering is longer than the number of approved continuing education hours, any advertisement must be clear that continuing education credit is not earned for the entire course;
- I am responsible for furnishing the commissioner, upon request, with copies of course and instructor evaluations and qualifications of instructors. Evaluations must be completed by students and coordinators.
- I am responsible for maintaining accurate records relating to course offerings, instructors, tests taken by students.
- I am responsible for notifying the MN Department of Commerce in writing within 10 days of any change in the information in this application for approval, including any addition or change in the name(s) of instructors who will teach the course.
- In conjunction with the instructor, I will assure and certify attendance of students enrolled in courses.

I understand that as an approved education coordinator I shall not:

- recommend or promote the services or practices of a particular business;
- encourage or recruit individuals to engage the services of, or become associated with, a particular business;
- use materials, clothing, or other evidences of affiliation with a particular entity;
- require students to participate in other programs or services offered by the instructor, coordinator, or provider;
- attempt, either directly or indirectly, to discover questions or answers on an examination for a license;
- disseminate to any other person specific questions, problems, or information known or believed to be included in licensing examinations;
- misrepresent any information submitted to the commissioner;
- fail to cover, or ensure coverage of, all points, issues, and concepts contained in the course outline approved by the commissioner during the approved instruction; and
- issue inaccurate course completion certificates.

I certify that all of the information submitted in this application is true and complete, and that this document has not been altered in any manner from the form adopted by the MN Department of Commerce.

**Name of Course:** \_\_\_\_\_  
(Mandatory)

I certify that I have either applied for provider/coordinator approval in conjunction with this course application submission, or I am already an approved MN Coordinator/Provider for this Providership; that I am responsible for compliance with all MN education laws and regulations found in Minn. Stat. 45, Minn. Stat. 60K, and Minn. Stat. 72B. Furthermore, I accept responsibility for instructor conduct and their compliance with course content. I declare that the information provided for the above named course on the attached education course approval application, the core matrix outline content, and all the attachments are true and correct, and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation.

**Printed name of Coordinator:** \_\_\_\_\_  
(Mandatory)

**Signature of Coordinator:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_  
(Signature & Date are Mandatory)

**Full Printed name of Provider:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_  
(Mandatory) (Mandatory)

## Appendix A - REQUIRED ATTACHMENTS - Appendix A

The application will be processed in a timely manner, assuming it is a complete application. If your application does not include all of the mandatory items listed below, it will be considered deficient, will be returned to you, and we will be unable to process the application until it is completed. *In most cases, a deficient application will result in your course not being approved before the first offering date.* Therefore, it is in your best interest to initially submit a complete application.

### A. Course Materials

1. Detailed Course Outline – timed in 15 minute increments or less (If multiple Instructors, identify section of outline for each Instructor).
2. Attach an in-depth explanation of your (1) Method of Instruction/Presentation, (2) Exam Presentation & the (3) Use & Verification of Proctors
3. Instructional Material for Instructors – overheads, PowerPoint, videos, etc. (if used, you must attach them, if none are used, put it in writing)
4. Instructional Material for Students – textbooks, notebooks, guides, documents, brochures, any handouts, etc. If textbooks are not used, you must hand out a Syllabus to each student in the class. Textbooks must contain the same detailed information as the Syllabus. Please see Syllabus page for guidelines.
5. *Examination and Answer Key* – (If exam is given a copy of the entire bank of questions must be attached, if no exam is given, you must state that) **(Note: that a closed book end of course exam is required for all distance learning courses.)**

### B. Provider Policies

1. **Regarding Instructor Qualifications:** Attach statement that ALL instructors meet or exceed the instructor requirements as stated in Minn. Statute Chapter 45.32.

**Read Minn. Law Chapter 45.32 before submitting your application.**

**Classroom:** Any individual speaking to licensees during your course is considered an instructor.

**Distance Learning:** Any individual speaking at a “live” distance learning course is considered an instructor.

**Interactive Internet:** For the purposes of this section any author of an internet course is considered an instructor.

**Distance Learning & Interactive Internet:** For the purposes of this section any individual used as a contact for students to answer questions regarding a course is considered an instructor.

### 2. Attendance:

1. How do you verify attendance throughout the course for Classroom? How do you physically monitor the students? Include a description.
2. How do you verify attendance throughout the course for Distance Learning? Certification is required. What type of certification method do you use? Include a description.
3. **Cancellation & Refund** – Attach a copy of your required course cancellation and refund procedures. *Note:* If no fees are charged attach details as to who pays the fee.

### C. Assorted Attachments - Attach copy of:

1. Internet Address, Login & Password for any Distance Learning course.
2. Students' Course and Instructor Evaluation Form (Required)
3. ALL Course Instructors' Resumes or Bios (**Note:** See above regarding Instructors.)
4. Course Schedule
5. Proposed Advertising – if there is no advertising, you must state that.

**(NOTE: This page does NOT need to be sent in as part of the application submission.)**

## COURSE COMPLETION CERTIFICATES

### REQUIRED INFORMATION FOR COURSE COMPLETION CERTIFICATES IF DISTRIBUTED BY PROVIDER

*It is not necessary to provide a written course completion certificate if the course completion credit has been uploaded to the licensees CE record on the Sircon Compliance Express at [www.sircon.com](http://www.sircon.com).*

1. **Course Title**
2. **MN Department of Commerce Approved Course Number**
3. **Date of Course Completion**
4. **Name of Approved Provider**
5. **Name and Signature of the Approved Coordinator**
6. **Name and Address of the Student**
7. **License Number of the Student**
8. **Number of Hours Completed** – This must be the number of hours the course was approved for by the MN Department of Commerce; partial credit may not be given.
9. **License Type Course is Approved for:** Insurance
10. **Education Type Course is Approved for:** Continuing Education
11. **Presentation Type Course is Approved for:**  
Classroom – Traditional  
Non-classroom (explanation: a course not held in a traditional classroom)  
Company Sponsored  
Internet – Interactive  
Distance Learning  
Self-Study “Leading” to a Professional Designation – List full name of the Professional Designation
12. **MN Department of Commerce’s Current Address and Licensing Unit’s Contact Information**  
MN Department of Commerce                      PHONE Number: 651-539-1599  
85 7<sup>th</sup> Place East, Suite 500                      FAX Number: 651-539-0112  
St. Paul, MN 55101                                      E-MAIL: Education.Commerce@state.mn.us
13. **This statement must be included on the Certificate:**  
“If you have any comments about this course offering, please mail them to the Minnesota Commissioner of Commerce.”

#### **Minnesota Statutes, Chapter 45.31 Subd – Responsibilities, Provides:**

The approved coordinator must provide course completion certificates within ten days of, but not before, completion of the entire course. Course completion certificates must be completed in their entirety. A coordinator may require payment of the course tuition as a condition for receiving the course completion certificate.

#### **Important Notice Effective August 1, 2013:**

##### **45.43 REPORTING REQUIREMENTS.**

Subdivision 1. **Course completions.** Required education must be reported in a manner prescribed by the commissioner within ten days of the course completion.

##### **Subd. 2. Violations and penalties.**

(a) Each failure to report an individual licensee's course completion in the manner prescribed by subdivision 1 constitutes a separate violation.

(b) The commissioner may impose a civil penalty not to exceed \$500 per violation upon an education provider that violates subdivision 1.

*It is not necessary to provide a written course completion certificate if the course completion credit has been uploaded to the licensees CE record on the Sircon Compliance Express at [www.sircon.com](http://www.sircon.com).*

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**Appendix B**  
**Minnesota Department of Commerce (DOC)**  
**Interactive CE Training On-Line Basic Requirements**

**45.306 CONTINUING EDUCATION COURSES OFFERED OVER THE INTERNET.**

**Subd. 2. Interactive Internet course requirements.**

An interactive Internet continuing education course must:

- (1) specify the minimum system requirements;
- (2) provide encryption that ensures that all personal information, including the student's name, address, and credit card number, cannot be read as it passes across the Internet;
- (3) include technology to guarantee seat time; (\*See clarification below.)**
- (4) include a high level of interactivity;
- (5) include graphics that reinforce the content;
- (6) include the ability for the student to contact an instructor within a reasonable amount of time;
- (7) include the ability for the student to get technical support within a reasonable amount of time;
- (8) include a statement that the student's information will not be sold or distributed to any third party without prior written consent of the student. Taking the course does not constitute consent;
- (9) be available 24 hours a day, seven days a week, excluding minimal down time for updating and administration, except that this provision does not apply to live courses taught by an actual instructor and delivered over the Internet;
- (10) provide viewing access to the online course at all times to the commissioner, excluding minimal down time for updating and administration;
- (11) include a process to authenticate the student's identity;
- (12) inform the student and the commissioner how long after its purchase a course will be accessible;
- (13) inform the student that license education credit will not be awarded for taking the course after it loses its status as an approved course;
- (14) provide clear instructions on how to navigate through the course;
- (15) provide automatic bookmarking at any point in the course;
- (16) provide questions after each unit or chapter that must be answered before the student can proceed to the next unit or chapter;
- (17) include a reinforcement response when a quiz question is answered correctly;
- (18) include a response when a quiz question is answered incorrectly;
- (19) include a final examination;
- (20) allow the student to go back and review any unit at any time, except during the final examination;
- (21) provide a course evaluation at the end of the course. 10.1 At a minimum, the evaluation must ask the student to report any difficulties caused by the online education delivery method; and
- (22) provide a completion certificate when the course and exam have been completed and the provider has verified the completion. Electronic certificates are sufficient.

**Subd. 3. Final examination.** The final examination must be either an encrypted online examination or a paper examination that is monitored by a **proctor** who certifies that the student took the examination. The student must not be allowed to review the course content once the examination has begun. **(\*\*See proctor definition below.)**

**\* Minnesota Seat Time Clarification for 45.306 Subd2. (3):**

While seat time is a definite requirement and you must include technology to guarantee it, this does not mean that to accomplish it, a licensee should be sitting in front of a computer waiting for X number of hours to pass. The course itself must contain the right amount of interactive instruction content to take the same X number of hours, or more, as requested by the provider. If a provider is asking for 2 hours of credit, that course must take a licensee 2 hours, or more, of interactive learning to complete. This also means that your course must have the technology to time out (automatically log out) if a licensee leaves the course inactive for more than ten minutes. The system should not allow a student to log into a course and then either walk away from the computer or visit other computer sites for the 2 hours and still receive credit.

**\*\*Minnesota Proctor Guidelines are as follows:**

**45.25 DEFINITIONS. Subd. 12.Proctor.**

"Proctor" means a disinterested third party with no conflict of interest who verifies a student's identity and processes an affidavit testifying that the student received no outside assistance with the course or examination.

**(NOTE: This page does NOT need to be sent in as part of the application submission.)**