



Minnesota Department of Commerce
 85 7th Place East, Suite 280
 Saint Paul, MN 55101
 PHONE: 651-539-1599

OFFICE USE ONLY

Date: _____ Course #: _____

APPROVED DENIED RETURNED

BY _____

CLASSROOM - Taught LIVE & can be concurrently simulcast WEBINAR

Distance Learning - NOT live Interactive Internet OR Self Study

Credits approved 4 or 8

(Please Note: As required in Minn. Statute Chapter 45.30 Subd.6. (b)) (A current, correctly and fully completed application and fee must be submitted at least 30 days before the initial proposed course date.)

Insurance Producers and Adjusters
CONTINUING EDUCATION MA/LTC/PT COURSE APPROVAL APPLICATION

(Please Print or Type - Writing Must Be Legible)

Course Required Title: MA ELIGIBILITY AND THE LTC PARTNERSHIP PROGRAM

Initial Proposed Date(s) of Course: _____

PROVIDER/COORDINATOR INFORMATION (All Boxes Must Be Completed)

NOTE: MN PROVIDER / COORDINATOR APPLICATION & FEE MUST ALSO BE SUBMITTED ALONG 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):	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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Coordinator Name: _____

Coordinator <u>Direct</u> Telephone:	Coordinator <u>Direct</u> Business Email:
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Federal Employer Identification Number - (FEIN)	Website:
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APPLICATION FEE (Only check or money order accepted)

License Type: **INSURANCE**

New Course: \$10 per hour or a fraction of an hour.

Total # of Hours Requested for Licensee Credit: 4 or 8

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 Outdated submissions will be returned without review.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

Step 1: Choose ONLY ONE of the Two Methods of Instruction per Application and Fee

See Minn. Statutes Chapter 45 regarding internet interactive course requirements (See Appendix B) and verifiable proctors. Proctor forms are located at the end of the course application.

Course is taught live or real-time.

Minnesota Statutes Chapter 45.25 Subd. 2a. **Classroom course.** "Classroom course" means an educational process based on live or real-time instruction including, but not limited to:

(1) a course in which there is no geographic separation of instructor and learner;

[Note: This method is commonly known as Standard Classroom. Students are physically monitored by approved instructor or coordinator.]

(2) a course **taught live** that is concurrently simulcast to remote locations and **where each location is monitored by a proctor**; and

[Note: This method normally used for multiple students in one remote location, without an online individual process to authenticate student's identity and technology to guarantee seat time; which therefore requires proctor certifications. Two page proctor forms are located at the end of each course application.]

(3) a course **taught live** that is concurrently simulcast to individual students online and **that includes a process to authenticate the student's identity and technology to guarantee seat time.**

[Note: Proctors are NOT required for this method.]

[Note: For ALL above Classroom course methods... No EXAMINATION is required unless required by provider or an exam is required for a special required course. (Example: required real estate modules or required insurance LTC course).]

Course is NOT taught live or real-time.

Minnesota Statutes Chapter 45.25 Subd. 5a. **Distance learning course.** "Distance learning course" means an education process, other than the courses specified in subdivision 2a, clauses (2) and (3), that is based on the geographical separation of instructor and learner. This includes, but is not limited to:

(1) an interactive Internet course that does not meet the requirements of subdivision 2a, clauses (2) or (3); and

[Note: MUST MEET ALL Guidelines in Minn. Statutes Chapter 45.306.Subd.2. & Subd.3. See Appendix "B". DOES require an end of course closed book exam but DOES NOT "require" a Proctor if exam is online and encrypted (see Subd.3. in Appendix "B").]

(2) a noninteractive course taught via the Internet, video, or other electronic means.

[Note: DOES require an end of course closed book exam and Also MAY REQUIRE a Proctor if the instruction method does not meet the requirement to include "a process to authenticate the student's identity and technology to guarantee seat time" (see Appendix "B").]

[In addition]

Minnesota Statutes Chapter 45.25

Subd. 14. **Self-study course.** "Self-study course" means a **distance learning** course that is not entirely taught by the instructor live via the Internet, video, or other electronic means.

(3) a distance learning course that is not entirely taught by the instructor live via the Internet, video, or other electronic means.

[Note: This Self-Study Distance learning course method DOES require an end of course closed book exam **CERTIFIED** by a **PROCTOR**.]

REQUIRED: Attach a Copy of Examination and Answer Key - (If exam is given.) (Note that a closed book end of course exam is always required for all distance learning courses and various special required courses.)

Method of Presentation / Instruction

Step 2: Provide the following information

The following only pertains to a course taught live or real-time

My Course is:

Standard Classroom

Include Detailed Explanation of Attendance Verification

Does the course include an examination? Yes No

If YES, attach a Detailed Explanation regarding Exam

Webinar

Include Link to Course, Login, & Password

Attach a Detailed Explanation of the Method of Instruction/Presentation

Attach a Detailed Explanation of the Use & Verification of Proctors, if proctors are used

No Proctor &/or No Proctor Required

Does the course include an examination? Yes No

If YES, attach a Detailed Explanation regarding Exam

The following only pertains to a course NOT taught live or real-time

My Distance Learning Course is:

Distance Learning Interactive Internet

Yes -- My Distance Learning interactive internet method of instruction meets or exceeds all requirements listed in Minnesota Statutes Chapter 45.306.

Attach a Detailed Explanation of the Method of Instruction/Presentation

Include Detailed Explanation of Attendance Verification

Include Link to Course, Login, & Password

Attach a Detailed Explanation regarding Exam

Attach a Detailed Explanation of the Use & Verification of Proctors, if proctors are used

No Proctor &/or No Proctor Required

Non-interactive OR Self-Study / Correspondence

Attach a Detailed Explanation of the Method of Instruction/Presentation

Attach a Detailed Explanation regarding Exam presentation and the Use & Verification of the required Exam Proctors.

Include Link to Course, Login, & Password (if any material is online)

REQUIRED: Attach a Copy of Examination and Answer Key – (If exam is given.) (Note that a closed book end of course exam is always required for all distance learning courses and various special required courses.)

Questions Specific to Insurance CE Application

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, NAIC number, state, and attach verifiable documentation **for each**.

Lic Type: _____, Lic Number: _____, NAIC Number: _____, 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.

Yes: No:

Name of designation (spelled out): _____ **Attach verification document(s).**

Name of designation (spelled out): _____ **Attach verification document(s).**

This course has been approved by a State or Federal regulatory agency.

Yes: No:

Attach copy of approval letter(s).

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

(Attach additional paper as necessary for additional states.)

REQUIRED - MA/LTC/PT CORE MATRIX

2 page Outline only for use with the required Insurance 4 or 8 hour "MA Eligibility and the LTC Partnership Program" course.
BOTH SECTIONS OF THIS CORE MATRIX MUST BE COMPLETED

(Page one of two)

Provider Name:	Provider #	Date:
REQUIRED COURSE NAME	<input type="checkbox"/> 8 - Hours Exam Required	<input type="checkbox"/> 4 - Hours Exam Optional unless Distance Learning*
MA Eligibility and the LTC Partnership Program		

**All distance learning methods of instruction require passage of an end of course closed book exam.*

Required Curriculum for MA Eligibility and the LTC Partnership Program

TOPIC	TIME Requested By Provider	MATERIAL CROSS-REF (textbook) Pg #'s	OUTLINE CROSS-REF Outline time	EXAM CROSS-REF Question #'s	TIME Determined By Reviewer
Section 1:					
A. General Eligibility Criteria for Persons Requesting MA Payment for LTC Services					
(1) Residency					
(2) Citizenship and Immigration Status					
(3) Coverage for Persons Requesting MA Payment of LTC Services					
(4) Third Party Liability					
(5) Income					
(6) Assets					
(7) Asset Assessment					
B. Long Term Care (LTC Partnership Program and MA Eligibility)					
(1) Designation of Assets that are not counted toward the MA asset limit					
(2) Requesting MA payment of LTC services					
(3) Designating assets while receiving MA payment of LTC services					
(a) Inheritance					
(b) Death/Estate Recovery					
(4) Uncompensated Transfers					
C. How to Apply for Minnesota HealthCare Programs					
Total Hours for section 1:					

REQUIRED - MA/LTC/PT CORE MATRIX

TOPIC	TIME Requested By Provider	MATERIAL CROSS-REF (textbook) Pg #'s	OUTLINE CROSS-REF Outline time	EXAM CROSS-REF Question #'s	TIME Determined By Reviewer
Section 2:					
D. state and federal regulations and requirements and the relationship between qualified state long term care insurance partnership programs and other public and private coverage of long term care services, including Medicaid/Minnesota medical assistance;					
E. available long term care services and providers;					
F. changes or improvements in long term care services or providers;					
G. alternatives to the purchase of private long term care insurance					
H. the effect of inflation on benefits and the importance of inflation protection.					
I. consumer suitability standards and guidelines.					
Total Hours for section 2:					
Hours Allotted for Course Examination					
Total Hours for Course					

CONTINUING EDUCATION INSTRUCTOR

QUALIFICATIONS AND CONTACT INFORMATION PAGE

(Please Print or Type - Writing Must Be Legible)

(Page 1 of 2)

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

MANDATORY: Attach a detailed Bio / Resume to this completed form showing dates of experience.

Instructor Full Legal Name:

Date of Birth:

Business Address:

City, State, Zip:

Phone Number:

Business Email Address:

Do you currently hold, or have you held, any Insurance license in any state, including MN? Yes No

If yes, attach list of license number, state, and status.

Resident Insurance License # & Name of Resident State

All Non-Resident Insurance License #(s) & Name of Non-Resident State(s)

Do you currently hold or have you ever held any other type of occupational / professional license in any state, including MN? Yes No

If yes, attach list of license type, number, state, and status.

Has instructor applicant ever had any occupational / professional license in any state including Minnesota that has been suspended, revoked, or terminated, or been the subject of inquiry or investigation? Yes No

If yes, attach documentation and detailed explanation signed & dated by instructor.

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? Yes No

If yes, attach documentation and detailed explanation signed & dated by instructor.

WHO is considered an instructor?

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

Distance Learning Interactive Internet (only for the purposes of this section) include:

- any individual used as a contact for students to answer questions regarding a course is considered an instructor.
- any author of an internet course is considered an instructor.
- Any presenters via video or other media

Mandatory Qualifications (Please check at least one below)

Minn. Stat. Chapter 45.32. Subd.2. Qualified Continuing Education instructors must have one of the following qualifications.

- a four-year degree in any area plus two years practical experience in the subject area being taught;
- five years of practical experience in the subject area being taught; or
- a college or graduate degree in the subject area being taught.

Instructor Full Legal Name: _____

(Page 2 of 2)

(Please Print or Type - Writing Must Be Legible)

Check if Instructor Holds Designation(s)

Check Here	Line(s) of Authority	Designation	Experience Required to Obtain Designation
	Life	CEBS <i>Certified Employee Benefits Specialist</i>	N/A
	Life	CFP <i>Certified Financial Planner</i>	3 YR
	Life	ChFC <i>Chartered Financial Consultant</i>	3 YR
	Life	CIC <i>Certified Insurance Counselor</i>	2 YR
	Life	CLU <i>Chartered Life Underwriter</i>	3 YR
	Life	FLMI <i>Fellow, Life Management Institute</i>	N/A
	Life	LUTCF <i>Life Underwriter Training Council Fellow</i>	Equivalent of 3 YR
	Health	CEBS <i>Certified Employee Benefits Specialist</i>	N/A
	Health	HIA <i>Health Insurance Associate</i>	N/A
	Health	REBC <i>Registered Employee Benefits Consultant</i>	3 YR
	Health	RHU <i>Registered Health Underwriter</i>	3 YR
	Property or Casualty or Personal Lines P&C	AAI <i>Accredited Adviser in Insurance</i>	N/A
	Property or Casualty or Personal Lines P&C	ARM <i>Associate in Risk Management</i>	N/A
	Property or Casualty or Personal Lines P&C	CIC <i>Certified Insurance Counselor</i>	2 YR
	Property or Casualty or Personal Lines P&C	CPCU <i>Chartered Property Casualty Underwriter</i>	2 YR

NOTE:

This page does NOT need to be sent in as part of the application submission if you do not hold one of the Designations listed above.

COORDINATOR'S CERTIFICATION AND SIGNATURE PAGE

While only a portion of the requirements are listed below, as an approved education coordinator I understand that by submitting this application, that I have read, understand, and guarantee compliance with, ALL of the MN license education laws and regulations found in Minn. Statute Chapter 45, Minn. Statute Chapter 60K and Minn. Statute Chapter 72B.

As an approved education coordinator I understand that:

- I am responsible for ensuring that all instructors meet or exceed the instructor requirements as stated in Minn. Statute Chapter 45.32; that they 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; for investigating complaints related to course offerings and instructors and forwarding a copy of the written complaints to the Department of Commerce.
- I am responsible for uploading a licensee's course credit in a manner prescribed by the commissioner within ten days of course completion; and that each failure to report an individual licensee's course completion in the manner prescribed by subdivision constitutes a separate violation; and that the commissioner may impose a civil penalty not to exceed \$500 per violation upon an education provider that violates subdivision 1. (Minn. Statute Chapter 45.43)
- I am responsible for notifying the MN Department of Commerce to terminate the approval of a course when either the content of an approved course or its method of instruction changes, because the course is no longer approved for license education credit. I understand that the course can no longer be offered.
- The commissioner may review any approved course and may cancel its approval with regard to all future offerings. The commissioner must make the final determination as to accreditation and assignment of credit hours for courses.
- As required in Minn. Statute Chapter 45.30 Subd.6. (b) **I am responsible for and guarantee** that a current, correctly completed application with all required attachments and fees will be submitted at least 30 days before the initial proposed course date.
- For **all** required information, documents and forms required in this continuing education course application, **I am responsible for and guarantee:**
 - that for all information, documents and forms that are required to be attached to the submission, all content is accurate, current, and complete at the time of course submission; and
 - that for all information, documents and forms that are required for the course, but not required to be attached to the submission, all content is accurate, current, complete, and available for audit at the time of course submission. (See Appendix "A" for list)

I understand that as an approved education coordinator I shall not: (The following is not limited to this partial list.)

- 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; submit courses where any part of the submission, (including but not limited to, the course content, instructor or student materials, handouts, brochures, documents, or forms), contains any of, but not limited to the following: [advertising, marketing, logos, or endorsements, of or for, companies, products, services, practices, political affiliations, etc.]

Name of Course: **MA Eligibility and the LTC Partnership Program**

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; I am responsible for, and guarantee my understanding of, and compliance with all MN education laws and regulations found in Minn. Statute Chapter 45, Statute Chapter 60K and Minn. Statute Chapter 72B. I declare that all of the information and documentation provided for the above named course on the attached education course approval application are true and complete, that the application itself has not been altered in any manner from the form adopted by the MN Department of Commerce, 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)

(Please Print or Type - Writing Must Be Legible)

APPENDIX "A"

REQUIRED DOCUMENTS AND FORMS

All items listed below must be available for audit at time of course submission.

APPLICANTS: You must COMPLETE AND SIGN the Coordinator's Certification and Signature page certifying that every item listed below is complete and available for audit, at the time of your submission.

As required in Minn. Statute Chapter 45.30 Subd.6. (b) a current, correctly completed application and fee must be submitted at least 30 days before the initial proposed course date.

You do NOT need to submit the items below unless we request them.

A. Course Materials

1. **Instructional Material for Instructors** – overheads, PowerPoint, videos, charts, etc.
2. **Instructional Material for Students** – textbooks, notebooks, guides, documents, brochures, any handouts, etc.
 - a. **Note regarding textbooks:** If textbooks are not used, you must hand out a completed Syllabus and detailed outline to each student. Textbooks must contain the same detailed information shown on the Syllabus. (Please see generic Syllabus at end of application for guidelines.)

B. Provider Policies

1. **Course Prerequisites** – Must have means to notify student prior to student registering and paying for class.
2. **Cancellation & Refund** – Formal course cancellation and refund procedures are required.

C. Assorted Attachments

1. Required - Students' Course and Instructor Evaluation Form
2. Proposed Course Completion Certificate. (*NOTE: It is not necessary to provide a written course completion certificate as every Provider is required (by Minn. Statutes Chapter 45.43) to upload course completion credits to the licensees continuing education record on Pearson VUE's Web-portal at www.pulseportal.com for Real Estate and Appraiser licensing; and on Sircon's Web-portal at www.sircon.com for Insurance licensing. However, If distributing, see generic form at end of application for requirements.*)
3. Course Schedule
4. Proposed Advertising

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

60K.365 PRODUCER TRAINING REQUIREMENTS FOR LONG-TERM CARE INSURANCE PRODUCTS.

(a) An individual may not sell, solicit, or negotiate long-term care insurance unless the individual is licensed as an insurance producer for accident and health or sickness insurance or life insurance and has completed an initial training course and ongoing training every 24 months thereafter. The training must meet the requirements of paragraph (b).

(b) The initial training course required by this section must be no less than eight hours, and the ongoing training courses required by this section must be no less than four hours every 24 months. The courses must be approved by the commissioner and may be approved as continuing education courses under section 60K.56. The courses must consist of topics related to long-term care insurance, long-term care services, and qualified state long-term care insurance partnership programs, including, but not limited to:

(1) state and federal regulations and requirements and the relationship between qualified state long-term care insurance partnership programs and other public and private coverage of long-term care services, including Medicaid/Minnesota medical assistance;

(2) available long-term care services and providers;

(3) changes or improvements in long-term care services or providers;

(4) alternatives to the purchase of private long-term care insurance;

(5) the effect of inflation on benefits and the importance of inflation protection; and

(6) consumer suitability standards and guidelines.

The training required by this section must not include training that is insurer or company product specific or that includes any sales or marketing information, materials, or training, other than those required by state or federal law.

(c) Insurers shall obtain verification that a producer has received the training required by this section before a producer is permitted to sell, solicit, or negotiate the insurer's long-term care insurance products. Insurers shall maintain records verifying that the producer has received the training contained in this section and make that verification available to the commissioner upon request.

(d) The satisfaction of these initial training requirements in any state shall be deemed to satisfy the initial training requirements of this section.

(e) Nonresident producers selling partnership policies shall be expected to demonstrate knowledge about unique aspects of the Minnesota medical assistance system. An insurer offering partnership products in Minnesota shall maintain records verifying that its nonresident producers have attained the required training and make that verification available to the commissioner upon request.

History: 2007 c 57 art 3 s 32

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

Appendix "B"

Minnesota Department of Commerce (DOC)

NOT LIVE - DISTANCE LEARNING

Interactive Internet CE Training On-Line Basic Requirements

45.306 CONTINUING EDUCATION COURSES OFFERED OVER THE INTERNET.

Subdivision 1. Appraiser Internet continuing education courses.

The design and delivery of an appraiser continuing education course must be approved by the International Distance Education Certification Center (IDECC) before the course is submitted for the commissioner's approval.

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.

* 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.)

CE Course &/or Exam Proctor Affidavit

Student / Licensee Name and Certification

(Please Print or Type - Writing Must Be Legible)

Name of Course &/or Exam _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name, License Number, & DOB (Please Print or Type - Writing Must Be Legible)

(_____) (____ / ____ / ____)

(Name)

(License #)

(Date of Birth)

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____

I certify that I personally completed the above-named course &/or exam *without outside assistance of any kind.*

Student Signature _____ Date (____ / ____ / ____)

(Must match course &/or exam)

Proctor Name and Certification

Proctor's Full Legal Name (Please Print or Type - Writing Must Be Legible)

Note any relationship to the student. _____

I certify that I am a disinterested third party **with no conflict of interest.** I verified the identity of the student listed above on this form (i.e. valid photo ID), and I ensured that:

- the course was completed in its entirety and that I physically monitored the student throughout the entire course process.
- the exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire exam process.

Proctor Signature _____ Date (____ / ____ / ____)

(Must match course &/or exam)

Employer & Job Title _____

Business Address _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____

Student / Licensee Name and Certification Page

TO BE ATTACHED TO

CE Course &/or Exam Proctor Affidavit

(Please Print or Type - Writing Must Be Legible)

(Use this two-page form only when there are **multiple** students in one location.)

Notice: One of these forms must be completed & signed by each student. The completed form **MUST be attached to** the multiple student Proctor Affidavit form completed by the Proctor. Both completed forms must be kept on file by the Education Provider for 3 years from the date of course completion.

Name of Course &/or Exam _____ Course# _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name, License Number, & DOB (Please Print or Type - Writing Must Be Legible)

_____ (_____) (____ / ____ / ____)

(Name)

(License #)

(Date of Birth)

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____

I certify that I personally completed the above-named course &/or exam *without outside assistance of any kind.*

Student Signature _____ Date (____ / ____ / ____)

(Must match date of course &/or exam & Proctor form)

(Please Print or Type - Writing Must Be Legible)

CE Course &/or Exam Proctors (Multiple Student) Affidavit Form

(Please Print or Type - Writing Must Be Legible)

(Use only when there are **multiple** students in one location.)

Notice: This form must be completed & signed by the qualifying Proctor. This completed form **MUST** be attached to a completed student Affidavit form for each student listed below. (Up to 24 student forms per Proctor form.) All completed forms must be kept on file by the Education Provider for 3 years from the date of course completion.

Name of Course &/or Exam _____ Course # _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name & License Number - (One Per Box) (Please Print or Type - Writing Must Be Legible)

1	13
2	14
3	15
4	16
5	17
6	18
7	19
8	20
9	21
10	22
11	23
12	24

Proctor Name and Certification

Proctor's Full Legal Name _____ (Please Print or Type - Writing Must Be Legible)

Note any relationship to any student on above list.

I certify that I am a disinterested third party **with no conflict of interest**. I verified the identity of each and every student listed above on this form (or attached on additional pages) (i.e. valid photo ID), and I ensured that:

the **course** was completed in its entirety and that I physically monitored each and every student throughout the entire **course** process.

the **exam** was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire **exam** process.

Proctor Signature _____ Date (____/____/____)

(Must match date of course &/or exam & Students form)

Employer & Job Title _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____

Generic Document

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

SYLLABUS FOR STUDENTS

If you will not be distributing a textbook containing all of the details below, you must distribute a syllabus to each student. You may use this generic Syllabus or create your own Syllabus containing all of the information below. 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:

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		

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

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

Generic Document

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

COURSE COMPLETION CERTIFICATE

Required Information For Course Completion Certificates

If Distributed By Provider

NOTE: It is not necessary to provide a written course completion certificate as every Provider is required (by Minn. Statutes Chapter 45.43) to upload course completion credits to the licensees continuing education record on Pearson VUE's Web-portal at www.pulseportal.com for Real Estate and Appraiser licensing; and on Sircon's Web-portal at www.sircon.com for Insurance licensing.

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:**
 - Real Estate
 - Appraiser
 - Insurance
10. **Education Type Course is Approved for:**
Continuing Education
11. **Method of Presentation Course is Approved for:**
 - Classroom - Traditional
 - Classroom - Webinar (*Not allowed for Appraiser licensing.*)
 - Distance Learning - Internet Interactive
 - Distance Learning - Self-Study / Correspondence (*Not allowed for Appraiser licensing.*)
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 th 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."

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