

 <p>85 7th Place East, Suite 280, Saint Paul, MN 55101 PHONE 651-539-1500 mn.gov/commerce</p>	<u>DOC OFFICE USE ONLY</u>	
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> RETURNED Reviewed By _____ Date _____ <input type="checkbox"/> CLASSROOM – LIVE <input type="checkbox"/> WEBINAR - LIVE <input type="checkbox"/> ON-DEMAND – (NOT Live) <input type="checkbox"/> Interactive Internet <input type="checkbox"/> Self Study Approved Credits _____ Company Sponsored _____	
(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 date.)	Course Number _____	Date Approved _____

**INSURANCE Producers and Adjusters
MA-LTC-PT CONTINUING EDUCATION COURSE APPROVAL APPLICATION**

Course Title: **MA ELIGIBILITY AND THE LTC PARTNERSHIP PROGRAM**

Initial Proposed Date(s) of Course _____

[60K.365 Producer Training Requirements for LTC Insurance](#) AND [256B.0571 LTC Partnership Program](#)

PROVIDER/COORDINATOR INFORMATION [NOTE: A completed Minnesota provider application & fee must also be included with this course application <i>if provider is not already Minnesota-approved</i>]			
Provider Name (In full – do not abbreviate)			MN Provider ID # (If approved)
Provider Address			
City		State	Zip
Provider Phone Number ()	Provider Fax ()	Provider Toll-Free ()	
Coordinator Name			
Coordinator Direct Business Telephone ()	(REQUIRED) Coordinator Direct Business Email		
Federal Employer Identification Number (FEIN)			
Provider Website			

APPLICATION FEE (<i>Only check or money order accepted</i>) New Course: \$10 per hour or a fraction of an hour. (<i>Example: 1.5 Hrs = \$20</i>) Fractions not less than 15 minutes. (Must list & include fee for all hours you want reviewed, regardless of how many hours are awarded.)	License Type: INSURANCE
Total # of Hours Requested for Licensee Credit: <input type="checkbox"/> 4 Hours Requested or <input type="checkbox"/> 8 Hours Requested Fee Amount Submitted \$ _____ Check Number _____	

METHOD OF INSTRUCTION

Choose **ONLY ONE** method of instruction (Live or On-Demand) per application and fee.

<input type="checkbox"/> LIVE	<p>Live course. "Live course" means any learning experience that is actively led by an instructor, either online or in a classroom setting, that offers person-to-person, real-time feedback. This category includes standard classroom courses and courses taught live that are concurrently simulcast to remote locations or individual students online.</p>
<input type="checkbox"/> ON-DEMAND	<p>On-demand course. "On-demand course" means a learning experience that enables a student to review learning material at time and location that is convenient for the student. This category includes asynchronous online courses, text-based courses, and other courses not offered live that include prerecorded videos, class recordings, documents, or other learning activities.</p>

Provide the following information. **SEE NEXT PAGE for important notes.**

LIVE— STANDARD CLASSROOM	<input type="checkbox"/> Detailed explanation of attendance verification Does the course include an examination? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation regarding exam presentation
LIVE— SIMULCAST TO REMOTE LOCATIONS OR INDIVIDUAL STUDENTS ONLINE	<input type="checkbox"/> Link to course, login, & password [if available] <input type="checkbox"/> Detailed explanation of the process used to authenticate the student's identity and the technology to guarantee seat time <p>A Few Examples</p> <ul style="list-style-type: none"> • Provider verifies the identity and license number of all students • Multiple Random Polling Questions per course hour • Each student be required to log in to the webinar using a distinct username, password, and/or email • Provider representative, using computer-based attendance-monitoring technology, monitors 100% attendance throughout the course Will proctors be used? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation of their use and verification <p>Example Group settings where a provider representative monitors students not individually logged in using a distinct username, password, and/or email.</p> Does the course include an examination? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation regarding exam presentation
ON-DEMAND	<input type="checkbox"/> Detailed explanation of the method of instruction/presentation Is any portion of this course online? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation of the process used to authenticate the student's identity and the technology to guarantee seat time <input type="checkbox"/> Link to course, login, & password (<i>required</i>) Will proctors be used? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation of their use and verification (<i>required for non-interactive courses</i>) Does the course include the (<i>required</i>) final examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Attach a detailed explanation regarding exam presentation Will proctors be used? No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, attach a detailed explanation of their use and verification (<i>required for non-interactive courses</i>)

NOTES REGARDING METHOD OF INSTRUCTION

Live courses offered online. A live course offered online 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;
- (4) include the ability for the student to get technical support within a reasonable amount of time;
- (5) include a statement that the student's information will not be sold or distributed to any third party without the prior written consent of the student. Taking the course does not constitute consent; and
- (6) include a process to authenticate the student's identity.

On-demand courses offered online. An on-demand continuing education course offered online 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;
- (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;
- (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. 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.

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.

PROCTORS

A proctor is a person who (1) verifies a student's identity, and (2) processes an affidavit testifying that the student received no outside assistance with the course or examination.

A proctor must be 18 years of age or older and must not have a financial or other conflict of interest with respect to a student's successful completion of the course or the examination.

A proctor must not be

- a relative of the student;
- the student's supervisor at work;
- a person the student supervises at work; or
- a student who is completing the same course.

Questions Specific Only to Insurance CE Course Application

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

Check a box if (in any state including MN) this Provider Business Entity is also

- an insurance producer (only if an IP, Individual Proprietorship)
- an insurance agency
- a managing general agent
- an insurance company

For checked box(s) above, list the license type, license number, NAIC number, state, and attach verifiable documentation.

Lic Type _____, Lic Number _____, NAIC Number _____, State _____

Will this course be offered by, 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

Details _____

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

- If yes, list the details.

Details _____

Is this education provider a bona fide Insurance Trade Association? Yes No

- If yes, list the details and attach verifiable documentation, including a working website address.

Details _____

Does this course lead to a nationally recognized insurance professional designation? Yes No

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

Course Questions and Required Information

Prior or Current Course Approval

Please complete both sections

Does this course have current or prior CE approval in Minnesota? Yes No

• If yes: Indicate the current or prior MN Course # _____

Is this course replacing a course currently approved by Minnesota? Yes No

• If yes: Indicate the current MN Course # _____

REQUIRED: Course Description – detailed description of course content

REQUIRED: Learning Objectives – detailed description of objectives for the students

Electronic Signatures

In Response to Questions Regarding the Use of Electronic Signatures

Electronic signatures are allowed to be used on license education application forms per 325L.07 (below).

325L.07 LEGAL RECOGNITION OF ELECTRONIC RECORDS, ELECTRONIC SIGNATURES, AND ELECTRONIC CONTRACTS.

- (a) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- (b) A contract may not be denied legal effect or enforceability solely because an electronic record was used in its formation.
- (c) If a law requires a record to be in writing, an electronic record satisfies the law.
- (d) If a law requires a signature, an electronic signature satisfies the law.

Required MA-LTC-PT Course Core Matrix Outline

For use only with the required Insurance 4 or 8 hour "MA Eligibility and the LTC Partnership Program" course outline.

[60K.365 Producer Training Requirements for LTC Insurance](#) AND [256B.0571 LTC Partnership Program](#)

REQUIRED COUSE TITLE	<input type="checkbox"/> 8 – Hours *Exam Required	<input type="checkbox"/> 4 – Hours *Exam Optional unless On-Demand Interactive Internet or Self-Study / Correspondence
MA Eligibility and the LTC Partnership Program		

*All on-demand methods of instruction require passage of an end of course closed book exam. All non-interactive on-demand and all self-study / correspondence also require the end of course closed book exam to be proctored.

TOPIC	TIME-Min per Topic	MATERIAL X-Ref - Pg #'s	EXAM X-REF Question #'s
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			
(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			
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. 62S.23 AMENDED 2008			
I. consumer suitability standards and guidelines.			
Total Hours for section 2			
Time allotted for course examination			
Total Hours for Course			

**Generic Document
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. **The 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		
Instructor		
Instructor		

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

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 section 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.

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.
 - ❖ **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 included in application for guidelines.)
3. **Examination and Answer Key** – (If exam is given.) (Note that a closed book end of course exam is required for all On-demand courses offered online, and various special required courses.)

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. (If distributing)
3. Proposed Advertising

COORDINATOR CERTIFICATION AND SIGNATURE

I certify that all 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 _____

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 in compliance with all MN education laws and regulations found in Minn. Statute Chapter 45, 60K, 72B, and 256.0571. I declare that the information provided for the above-named course on the attached education course approval application and all the attachments are true and correct.

Printed name of Coordinator _____
(Mandatory)

Signature of Coordinator _____ Submission Date _____
(Signature & Date are Mandatory)

Full Printed name of Provider _____ Provider # _____
(Mandatory) (Mandatory)

Generic Document
CE Course &/or Exam Proctor Affidavit

Student / Licensee Name and Certification

(Please Print or Type – Writing Must Be Legible)

Course# _____ Title of Course & Exam _____

Date & Time of Course & 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 _____
(Rev 8.23.22) (Please Print or Type – Writing Must Be Legible)

Generic Document
Student 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.

Course# _____ Title of Course & Exam _____

Date & Time of Course & 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)

Generic Document 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.

Course# _____ Title of Course & Exam _____

Date & Time of Course & 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 _____

COURSE GUIDELINES FOR CLASSROOM WEBINAR/WEBCAST DELIVERY

- These guidelines are intended to apply to courses conducted and viewed in real time (live) in all locations and are not intended to apply when courses have been recorded and are viewed at a later time or to other online courses.
- Each student will be required to log in to the webinar using a distinct username, password and/or email. Students that view webinars in group settings which is two or more individuals should alternatively verify their participation in the form of sign-in and sign-out sheets submitted by a monitor with an attestation or verification code.
- The provider will verify the identity and license number, or National Producer Number (NPN), of all students.
- A provider representative, using computer-based attendance-monitoring technology, must monitor attendance throughout the course.
- The provider must have a process to determine when a participant is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes.
- For webinars not given in a group setting, no less than two polling questions and/or attendance verification codes must be asked, with appropriate response provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
- The provider will maintain an electronic roster to include records for each participant's log-in/log-out times. If required by states chat history and polling responses should be captured as part of the electronic record.
- When a student is deemed inactive or not fully participating in the course by the course monitor of failure to enter appropriate polling question response or verification codes, continuing education (CE) credit is denied.
- All students and the instructor do not need to be in the same location.
- Students in all locations must be able to interact in real time with the instructor. Students should be able to submit questions or comments at any point during the webinar session.
- The course pace must be set by the instructor and does not allow for independent completion.
- Instruction time is considered the amount of time devoted to the actual course instruction and does not include breaks, lunch, dinner or introductions of speakers.
- One credit will be awarded for each 50 minutes of webinar/webcast instruction, and the minimum number of credits that will be awarded for webinar/webcast courses is one credit.
- The provider must have a procedure that informs each student in advance of course participation requirements and consequences for failing to actively participate in the course.
- A comprehensive final examination is not required.

Minnesota General Webinar Guidelines - Continuing Education

Please note that when we use the term (webinar), we mean Internet-Synchronous, which is a virtual, webinar, Zoom type method of instruction.

1. These guidelines are intended to apply to courses conducted and viewed in real time (live) in all locations and are not intended to apply when courses have been recorded and are viewed at a later time or to other online courses.
2. Each student must be required to log in to the webinar using a distinct username, password, and/or email.

[Note multiple students in one remote location, without an online individual process to authenticate student's identity and technology to guarantee seat time, requires proctor certifications. Two page proctor forms are located at the end of each course application or at <http://mn.gov/commerce-stat/pdfs/exam-proctor-affidavit.pdf>]
3. The provider must verify the identity and license number of all students.
4. A provider representative, using computer-based attendance-monitoring technology, must monitor 100% attendance throughout the course.
5. The provider must have a process to determine when a participant is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes.
6. The provider must maintain an electronic roster to include records for each participant's log-in/log-out times. Chat history and polling responses must be captured as part of the electronic record.
7. *No less than two polling questions and/or attendance verification codes must be asked, with appropriate response provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
8. *When a student is deemed inactive or not fully participating in the course by the course monitor of failure to enter appropriate polling question response or verification codes, continuing education (CE) credit is denied.
9. Students in all locations must be able to interact in real time with the instructor. Students must be able to submit questions or comments at any point during the webinar session.
10. The course pace must be set by the instructor and does not allow for independent completion.
11. Instruction time is considered the amount of time devoted to the actual course instruction and does not include breaks, lunch, dinner or introductions of speakers.
12. One credit will be awarded for each 50 minutes of webinar/webcast instruction, and the minimum number of Continuing Education credits that will be awarded for webinar courses is one credit. **Note#1** Appraiser Continuing Education courses cannot be less than **two**, 50-minute hours. **Note#2 Pre-License Education** courses cannot be less than the statutorily required number of 50-minute hours for each specific license type.
13. The provider must have a procedure that informs each student in advance of course participation requirements and consequences for failing to actively participate in the course.
14. An end of course exam is not required for *Continuing Education* if the course is live and meets the requirements in Minn.Statutes.Chap.45.25. Subd. 2a. (1), (2), and (3).
 - ▶ **However**, a closed-book, proctored, end of course exam is ALWAYS required for **Pre-License Education** regardless of the method of instruction.
15. Compliance with the procedures outlined above are subject to audit by the Commerce Department.

*Regarding #7 & #8 above Minnesota, like the NAIC guidelines, requires at least 2 questions per one-hour of webinar. However, if the education provider asks more than 2 questions, *ALL questions must be responded to for a Minnesota licensee to receive any CE credit*. Otherwise students are not attending or paying attention throughout 100% of the course.

45.30 CONTINUING EDUCATION.

Subd. 4. Credit earned.

(a) Upon completion of approved courses, students must earn one hour of continuing education credit for each hour approved by the commissioner. Continuing education courses must be attended in their entirety in order to receive credit for the number of approved hours.

Additionally, Minnesota does not allow partial course credits. Courses must be attended in their entirety (including responding to all random poll questions) to obtain any credit.

Generic Document
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** – Must match the credit given by MN 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**
 - Live**, Classroom – Traditional
 - Live**, Classroom – Webinar
 - On-Demand** - Internet Interactive
 - On-Demand** - Self-Study / Correspondence

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 280	E-MAIL Education.Commerce@state.mn.us
St. Paul, MN 55101	

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."