



Minnesota Department of Commerce
85 7th Place East, Suite 280, Saint Paul, MN 55101

PHONE: 651-539-1599

OFFICE USE ONLY

APPROVED DENIED RETURNED

Reviewed By: _____ Date: _____

CLASSROOM INTERACTIVE INTERNET

Number of credits approved ____ 20 hours required ____

(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

COURSE APPROVAL APPLICATION
INSURANCE PRE-LICENSE EDUCATION

Course Information and Application Fees

NEW COURSE APPROVAL - FEE \$200 CHECK # _____

RENEWAL - FEE \$10 Paid Online At
Sircon.com

Is this course replacing a prior course that you will no longer teach? Yes No

Course # _____

If yes: List course number(s) _____ that should be terminated.

ONLY ONE COURSE TITLE PER APPLICATION ALLOWED

Each application must include own set of required attachments

COURSE TITLE

Pre-License Insurance

(check only one box to the right)

- Life + Basics = 20 Total Hours
- Accident and Health + Basics = 20 Total Hours
- Property + Basics = 20 Total Hours
- Casualty + Basics = 20 Total Hours
- Personal Lines + Basics = 20 Total Hours

Proposed Course Date(s)

Location

Address

Suite

City

State

Zip

Telephone of Facility

PROVIDER/COORDINATOR INFORMATION NOTE: A completed Minnesota provider application & fee must also be included with this course application if provider is not already Minnesota approved

Provider Name (In Full - Do not abbreviate)

MN Provider ID #
(If approved)

Coordinator Name:

Provider Address:

City:

State:

Zip:

Provider General Phone Number:

Provider Fax:

Provider Toll-Free:

Coordinator Direct Business Telephone:

Coordinator Direct Business Email:

Federal Employer Identification Number

(FEIN):

Website:

Make sure that you are submitting the most current revision of this application located at www.commerce.state.mn.us. Outdated submissions will be returned without review.

Requirements are based on Minn. Stat. Chapter 45 and Minn. Stat. Chapter 60K

CHOOSE ONLY ONE INSTRUCTION METHOD PER APPLICATION AND FEE

Method of Presentation / Instruction:

See **PAGE 8** regarding internet interactive course requirements.
See **PAGE 9 & 10** for information regarding verifiable course &/or exam proctors.

- Traditional Classroom**
 - o Required final examination must be either an encrypted online examination or a paper examination. Exam must be monitored by the MN approved insurance instructor for this course or a qualified proctor (See page 9) who certifies that the student took the examination without any outside assistance of any kind. The student must not be allowed to review the course content once the examination has begun.

- Internet**
 - o Must meet MN Interactive Internet Requirements in Minn. Stat. Chapter 45.305. (See page 8)
 - o Required final examination must be either an encrypted online examination or a paper examination. Exam must be monitored by the MN approved insurance instructor for this course or a qualified proctor (See page 9) who certifies that the student took the examination without any outside assistance of any kind. The student must not be allowed to review the course content once the examination has begun.
 - o The design and delivery of any interactive internet pre-license insurance education course must be approved by the International Distance Education Certification Center (IDECC) before the course is submitted for the MN commissioner's approval. Attach a **current** IDECC certification.
 - o Attach an internet address, login, and password for the MN DOC Education Dept. for review &/or audit.

PRE-LICENSE EDUCATION MANDATORY COURSE REQUIREMENTS

<p>A Producer must:</p> <p>Successfully complete a total 20 hours of education per line of authority. The course shall be devoted to the basic fundamentals of insurance which will include the rules, regulations, and law and the specific major line of authority for the license the individual is seeking: Life, Accident & Health, Property, Casualty, or Personal Lines.</p>	<p>New & Renewal: A current, correctly completed application with all required attachments and fee, must be submitted at least 30 days before the initial proposed course date.)</p>
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PRE-LICENSE EDUCATION MANDATORY REQUIRED ATTACHMENTS

<p>Course Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Course Description <input type="checkbox"/> Learning Objectives <input type="checkbox"/> Instructional Material for Students (Textbooks, Notebooks, handouts, etc.) <input type="checkbox"/> Materials for Instructor Use (overheads etc) <input type="checkbox"/> Examination (entire bank of questions) and Answer Key <input type="checkbox"/> In-depth explanation of proctor & exam method <input type="checkbox"/> Course Matrix Outline (page 6 & 7) <input type="checkbox"/> Login & Password if internet <input type="checkbox"/> Internet address if internet <input type="checkbox"/> In-depth explanation of method of presentation <input type="checkbox"/> Current IDECC interactive internet certification 	<p>Policies Covering:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Course Prerequisites <input type="checkbox"/> Instructor Qualifications <input type="checkbox"/> Attendance <input type="checkbox"/> Cancellation & Refund <p>Miscellaneous:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of proposed advertising including outline <input type="checkbox"/> Course Schedule <input type="checkbox"/> Student's Course & Instructor Evaluation Form <input type="checkbox"/> Instructor's Resume/Bio for each Instructor <input type="checkbox"/> Copy of proposed Completion Certificate for Student
<p>Has this course been approved by a federal, state, or other regulatory agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach copy of approval.</p>	

**INSURANCE PRE-LICENSE EDUCATION COURSE APPLICATION
COORDINATOR SIGNATURE AND CERTIFICATION 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 officially approved MN Coordinator/Provider; that I am responsible for compliance with all MN education laws and regulations found in Minn. Statute Chapter 45 and 60K. 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 pre-license 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: _____ **Date:** _____
(Signature & Date are Mandatory)

Printed name of Provider: _____ **Provider #:** _____
(Mandatory) (Mandatory if approved)

INSURANCE PRE-LICENSE INSTRUCTOR

QUALIFICATIONS AND CONTACT INFORMATION PAGE

(All Sections of This Form Must Be Completed In Full or Application Will Be Returned as Deficient.)

Copy and attach additional pages as needed; one for every pre-license education course instructor.

Attach a Bio or Resume to this completed form.

Instructor Full Legal Name:	
Date of Birth:	
Business Address:	
City, State, Zip:	
Phone Number:	Business Email Address:
Do you <u>currently hold, or have you held</u> , any Insurance license in <u>any</u> state, including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list of license number, state, and status.	
Resident Insurance License #	& Name of Resident State
All Non-Resident Insurance License #	& Name of State
Do you currently hold or have you ever held <u>any other</u> type of occupational / professional license in <u>any state</u> , including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list of license type, number, state, and status.	
Has instructor applicant ever had <u>any</u> occupational / professional license in <u>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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and detailed explanation signed & dated by instructor.	
Mandatory Qualifications (Please check at least one below)	
Minn. Stat. Chapter 45.32. Subd.3. Qualified Pre-license Education instructors must have one of the following qualifications.	
<input type="checkbox"/> a four-year degree in the industry for which the course is being taught;	
<input type="checkbox"/> a four-year degree with three years full-time experience in the industry for which the course is being taught;	
<input type="checkbox"/> a four-year degree with three years full-time experience in the business or profession relating to the subject being taught;	
<input type="checkbox"/> a postgraduate degree and completion of 45 hours of continuing education in the industry for which the course is being taught;	
<input type="checkbox"/> a two-year degree in the industry for which the education is being given and completion of 45 hours of continuing education in the industry for which the course is being taught;	
<input type="checkbox"/> a two-year degree or certificate with five years full-time experience in the industry for which the course is being taught;	
<input type="checkbox"/> a degree or certificate with five years full-time experience in the business or profession relating to the subject being taught; or	
<input type="checkbox"/> eight years of recent experience in the subject area being taught in the eight years immediately preceding the first course offering taught.	

INSURANCE PRE-LICENSE EDUCATION COURSE APPLICATION

INSTRUCTOR SIGNATURE AND CERTIFICATION PAGE

Copy and attach additional pages as needed for every additional pre-license instructor.

I certify that I am an approved instructor for the provider listed below and I am responsible for compliance with Minnesota education laws and regulations.

I understand that as an approved education instructor I am responsible for:

- compliance with all laws and rules relating to industry education;
- providing students with current and accurate information;
- maintaining an atmosphere conducive to learning in the classroom;
- assuring and certifying attendance of students enrolled in courses;
- providing assistance to students and responding to questions relating to course materials; and
- attending the workshops or instructional programs that are required by the commissioner.

I understand that as an approved education instructor 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

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

Name of Course: _____
(Mandatory)

I certify that I am the approved Instructor and that I am responsible for compliance with all Minnesota education laws and regulations located in Minn. Stat. Chapter 45 and Minn. Stat. Chapter 60K. Furthermore, I declare that the information I provided for the above named course on the attached pre-license education course approval application, my core matrix outline content, and all of my 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 Instructor: _____
(Mandatory)

Signature of Instructor: _____ **Date:** _____
(Signature and Date are Mandatory)

Printed name of Provider: _____ **Provider #:** _____
(Mandatory) (Mandatory if approved)

**BOTH PAGES OF THIS PRE-LICENSE CORE MATRIX OUTLINE MUST BE COMPLETED & SUBMITTED
60K.361 INSURANCE EDUCATION**

(a) Prelicense education must consist of 20 hours of education per line of authority.

Core Matrix page 1 of 2

TOPIC (b) The course must include an introduction to insurance and insurance-related concepts covering all of the major lines of authority except variable life and variable annuities. The course must consist of the following:	HOURS Requested By Provider	MATERIAL CROSS-REF (textbook) Pg #'s	OUTLINE CROSS-REF Outline Location	EXAM CROSS-REF Question #'s	Hours Determined By Reviewer
ALL TOPICS BELOW (on this page) MUST BE COVERED TO SOME DEGREE IN THIS BASICS SECTION					
(1) rules, regulations, and law;					
(2) basic fundamentals of insurance;					
(3) property:					
(i) types of policies;					
(ii) policy provisions;					
(iii) perils, exclusions, deductibles, and liability; and					
(iv) evaluating needs; and					
(4) casualty:					
(i) types of policies;					
(ii) policy provisions;					
(iii) perils, exclusions, deductibles, and liability; and					
(iv) evaluating needs; and					
(5) life:					
(i) types of policies;					
(ii) policy provisions; and					
(iii) group insurance; and					
(6) accident and health:					
(i) types of policies;					
(ii) policy provisions; and					
(iii) group insurance.					
Total TIME allowed for BASICS					

**BOTH PAGES OF THIS PRE-LICENSE CORE MATRIX MUST BE COMPLETED & SUBMITTED
60K.361 INSURANCE EDUCATION**

Core Matrix page 2 of 2

TOPIC (c) Courses that cover a specific major line of authority must include the following:	HOURS Requested By Provider	MATERIAL CROSS-REF (textbook) Pg #'s	OUTLINE CROSS-REF Outline Location	EXAM CROSS-REF Question #'s	Hours Determined By Reviewer
CHOOSE ONE LINE OF AUTHORITY BELOW:					
<input type="checkbox"/> (1) life:					
(I) types of life insurance policies; and					
(II) Minnesota laws, rules, and regulations pertinent to life insurance;					
<input type="checkbox"/> (2) accident and health:					
(I) types of health insurance policies; and					
(II) Minnesota laws, rules, and regulations pertinent to accident and health insurance;					
<input type="checkbox"/> (3) property:					
(I) personal lines; and					
(II) commercial lines; and					
(III) Minnesota laws, rules, and regulations pertinent to property insurance.					
<input type="checkbox"/> (4) casualty:					
(I) personal lines; and					
(II) commercial lines; and					
(III) Minnesota laws, rules, and regulations pertinent to casualty insurance.					
<input type="checkbox"/> (5) personal lines:					
(i) types of property/casualty personal lines insurance policies; and					
(ii) Minnesota laws, rules, and regulations pertinent to property/casualty personal lines insurance.					
TOTAL TIME FOR CHOSEN LINE OF AUTHORITY SHOWN ABOVE					
Total TIME for ENTIRE Course	20 HOURS REQUIRED				
Time Allotted for Course Examination					

Minnesota Department of Commerce (DOC)
Interactive PE Training On-Line Basic Requirements

Per, 45.305 PRELICENSE EDUCATION COURSES OFFERED OVER THE INTERNET.

Subdivision 1.Appraiser and insurance Internet prelicense courses.

The design and delivery of an appraiser prelicense education course or an insurance prelicense 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.Real estate Internet prelicense courses.

The design and delivery of a real estate prelicense education course must be approved by either IDECC or the Association of Real Estate License Law Officials before the course is submitted for the commissioner's approval.

Subd. 4.Interactive Internet course requirements.

An interactive Internet prelicense 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 comprehensive final examination covering all required topics;
- (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.

Subd. 5.Final examination. (See clarification below.)**

The final examination for a prelicense education course offered over the Internet must be monitored by a proctor who certifies that the student took the examination. The exam must be either a paper examination or an encrypted online examination. The student must not be allowed to review the course content once the examination has begun.

*** Minnesota Seat Time Clarification for 45.305 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.

This page revised 8.13.13

Minnesota Basic Requirements Regarding Proctors and Electronic Signatures

➤ **Acceptable Proctors and Proctor Forms for Exams and/or Courses:**

When qualifying a proctor for your students, strict adherence to Minnesota Statute Chapter 45.25 Subd. 12., and including the use of our proctor form on page 10, should assure compliance with Minnesota law.

Minnesota Proctor Requirements 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.

➤ **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.

(NOTE: This blank page does NOT need to be sent in as part of this application submission.)
(Providers must keep completed pages on file for 3 years from course completion & submit to the MN Dept. of Commerce upon request.)

Pre-License Course Exam Proctor Affidavit

Student / Licensee Name and Certification

Name of Exam _____ Date & Time of Exam Completion _____

Company & Address where 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 exam *without outside assistance of any kind.*

Student Signature _____ Date (____/____/____)
(Must match exam)

Proctor Name and Certification

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

Note any relationship to the Student and/or Prospective Employer or Sponsoring Organization for 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), ensured that the pre-license course exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and physically monitored the student throughout the entire exam process.

Proctor Signature _____ Date (____/____/____)
(Must match exam)

Employer & Job Title _____

Business Address _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____