



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

FOR DEPT OF COMMERCE USE ONLY

Reviewed By: _____ Date: _____

APPROVED DENIED RETURNED (Deficiency)

*Not allowed for Appraiser Providers or Courses

Current Standard Provider Number

Date Processed

IMPORTANT - This form can be used only by an entity that is already a Standard education provider that is (a) currently active and in good standing with the Minnesota Department of Commerce; (b) applying for approval as a "Qualified" license continuing education provider; and (c) either a bona fide trade association that staffs and maintains in the state a physical location that contains course and student records for not less than three years, a degree-granting institution of higher learning located within this state, or a private school licensed by the Minnesota Office of higher Education.

QUALIFIED PROVIDER APPLICATION

Choose Only One License Type: INSURANCE REAL ESTATE

| | | |
|--|-------|---------------------|
| Standard Provider Name (Exactly as listed on Standard Provider approval letter.) | | Standard Provider # |
| Address | | FEIN |
| City | State | Zip |

To comply with the governing provider laws you must certify that you are one of the following:

A degree-granting institution of higher learning located within this state

Address of Minnesota Location - (If different than above.)

Check degree program(s) offered

- Business, with an insurance emphasis
 Real Estate

Must provide supporting documentation to show approval or accreditation by

- The Commission of Colleges; or
 The regional or national accreditation association; or
 An accrediting agency that is recognized by the U.S. Secretary of Education

A private school licensed by the Minnesota Office of Higher Education

License number from the Minnesota Office of Higher Education

When conducting courses for its members, a bona fide trade association that staffs and maintains in this state a physical location that contains course and student records and that has done so for not less than three years.

Must provide supporting documentation - Lease or property title - Documentation Attached

Address of Minnesota location - (If different than above.)

Number of years at location

QUALIFIED PROVIDER APPLICATION

Continuing Education Provider - Coordinator Certification and Signature Page:

Provider Name _____
(Mandatory) (Exactly as listed on Standard Provider approval letter.)

As the Qualified Provider:

I understand that all course short form applications must be submitted at least 30 days before the requested initial course offering date.

I understand and guarantee that all required documents and forms listed on the required documents (Appendix A) page of the continuing education short form course application must be complete and available for audit at the time of my submission; that all content of the submissions are auditable as of the submission date.

I understand and guarantee that my courses comply with all applicable license education Minnesota Statutes including but not limited to Minn. Stat. Chapter 45.30 Subd 1. Content. Continuing education consists of approved courses that impart appropriate and related knowledge in the field for which approval is requested; and courses may not include topics that are not permitted for continuing education as set fourth in Minn. Statute Chapter 45.30. Subd. 5.

I understand and guarantee that for distance learning courses (1) If internet, it meets all current Minnesota interactive internet guidelines. (2) If self-study, it meets all current Minnesota guidelines; that it is verifiable and meets current Minnesota acceptable Proctor guidelines.

***I understand that I may only apply for automatic course approval for courses that are not required by federal criteria or a reciprocity agreement to receive a substantive review; that all other courses must be submitted in full as for a Standard Provider.**

I certify that I am the Minnesota Dept. of Commerce approved primary education coordinator for the provider listed above and that I am responsible for compliance with all Minnesota education laws and regulations located in Minn. Stat. 45, Minn. and/or Stat. 60K, Minn. Stat. 72B or Minn. Stat. 82. Furthermore, I declare that the information provided above is true and complete, that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation and that this document has not been changed in any manner from the form adopted by the Commerce Department.

Printed name of Minnesota Primary Coordinator: _____
(Mandatory)

Signature of Minnesota Primary Coordinator: _____ **Submission Date:** _____
(Mandatory) (Mandatory)

NOTICE:

***Appraiser Only:** Due to Federal regulations, Minnesota must give a substantive review to all appraiser courses so qualified provider & automatic course approval is not allowed.

***Insurance Only:** Minnesota is required to give a substantive review of any course for a Minnesota resident insurance provider or for any course submitted by a non-resident insurance provider who does not have the course in question approved in their home state (or designated home state). Any course given automatic course approval is not allowed to be used for reciprocal application in another state. The course "must" be reapplied for "as new" and receive "substantive reviewed approval" in order to apply in another state for insurance reciprocal approval. *** Automatic approval can not be given to Minnesota Required Courses: Flood, LTC/MA/PT, & Ethics.

***Real Estate Only:** Minnesota is required to give a substantive review to any course requesting Fair Housing or Agency Law credit or any future "modular" course assignment.