





Texas Department of Insurance

Title Continuing Education Program

New Provider Packet

The department registers courses for continuing education (CE) so agents and escrow officers can comply with the CE requirement mandated by the Texas legislature. Providers of CE courses who desire to participate in the Texas CE program must be willing to comply with the program rules, 28 TAC § 9.1 Procedural Rule P-28.

This packet contains all the forms and instructions necessary to register an organization or individual as a CE provider including:  New Provider Application,  Course Application,  Course Self Check List, and  Sample forms. The department does not charge a fee to register providers or courses.

To determine if your course can be registered for CE credit, follow the steps below.




Step 1: Read the Rules: If your course meets the qualifications for credit, continue to Step 2.

Step 2: Determine what forms need to be submitted to the department.



If the course your organization wants to present was developed and submitted for registration by another provider, you may not need to submit anything to the department. Review the following information to determine if you are an “assignee”.






You are considered an assignee for the course if:

-  You are using the course in its entirety as it was originally developed by the other provider.
-  Any additional information you add to the course is solely to personalize it for your use but the core content of the course is not changed.
-  You are acting as a distributor/grader for a self-study course and exam

Individuals or organizations that want to be assignees for another provider should have the originator (the recognized provider) of the course notify the department in writing or your authority to use the course materials as an assignee. Only the originator certifies the course for credit to TDI. The originator then authorizes you to use the course under its registration and gives you its TDI assigned course number(s). TDI will need only to be notified, by the originator, that an authorization agreement has been made.

The originator’s authorization notice to TDI must indicate the effective date of authorization and that the assignee’s representative has read the rules governing CE and will abide by them. It must identify by TDI course number which course(s) the assignee is authorized to use, provide the names and signatures of the persons who will be signing certificates of completion of the assignee and certify that the assignee will be using the course as it was originally certified to TDI. The authorization may be withdrawn at any time by the originator through written notice to TDI. If you are considered an assignee, stop here and contact the originating provider.

You are not considered an assignee for the course if:

-  You will be making modifications to the course which affect 25% or more of the content subjects.
-  You will be using only portions of the course.
-  You will be presenting a classroom version of a recognized professional designation program.
-  You will be using a self - study course as a reference text for a classroom course.
-  You are using another provider’s text but have developed your own exams.

If you are not an assignee, then the modified version is considered a new course and must be certified by you just as you would for a course you developed entirely yourself. You will need to receive written authorization by the originator to use their course materials and indicate on the course application that the course was originally developed by another provider but that you have made modifications to the original course. If you are not considered an assignee, continue to Step 3.

¶ If your organization has never had courses recognized by the department and the course you want to submit for credit was developed by you or by an employee of your organization for your organization's use, continue to Step 3.

Step 3: Complete the New Provider Application and Course Application. Carefully reviewing the instruction pages for both will ensure a minimum of provider errors. Missing or incorrect information will cause the department to return your submission unprocessed.

Step 4: Submit the New Provider Application and Course Application(s) on a timely basis.

To: **Texas Department of Insurance
Title Division MC 106-2T
333 Guadalupe Street
Austin, TX 78701**

Plan for enough time for mailing (both to the department and back to you) and at least 15 days for processing. Department rules specify that credit will not be awarded to licensees for courses taken or completed prior to the effective date assigned by the department. If your applications are returned as deficient, the requested 15 days starts over – so make sure to answer all the questions and attach all the required documents. During processing, we will not advise callers of the status on applications & strongly recommend providers not schedule course presentations until written confirmation of registration has been received.

To be considered complete, submissions from prospective CE providers must include the following:

- ¶ New Provider Application
- ¶ List of Officers, Directors, Partners, etc. (when applicable – see Section 2 Type of Organization)
- ¶ Additional information to question 4 in Section 3 Provider Information (when applicable)
- ¶ Course Application, (one or more may be submitted)
Statement of the Learning Objectives for each application submitted
- ¶ Sample Certificate of Completion for each course application submitted

Send additional documents only if you are giving further explanations on the reasons for your answers. Feel free to write additional explanations or comments. Do not send the documents listed in Step 10 on the course application. You are required to maintain these documents in your files and provide them within 10 days if we request to review them.

Step 5: Do not advertise department approval until you receive written confirmation.

Advertising must not be misleading as to the content or requirements for successful completion. Any advertisement which mentions department approval must include the name of the provider as known to the department and the provider's ID number. If you do not have written confirmation of approval, the most you are authorized to print is "Pending registration by the Texas Department of Insurance".

Step 6: If you have any questions regarding the forms or rules, please take a moment to read over the instruction pages - we have tried to anticipate the most commonly asked questions. If you still have questions, you may contact us at
(512) 322-3482.

Texas Department of Insurance

Continuing Education Provider Application Instructions

The department registers courses for continuing education (CE) so title agents and escrow officers can comply with the CE requirement mandated by the Texas legislature. Providers of CE courses who desire to participate in the Texas CE program must be willing to comply with the program rules, 28 TAC 9.1 Procedural Rule P-28. Prior to submitting a course for registration, the provider must evaluate the course content to determine if it meets the requirements for courses stated in the CE rules. Adequate course documents and records must be maintained by the provider for four years and must be available to the department at any time for audit purposes.

The following correlates to the sections on the Provider Application.

Section 1 Demographic Information

Please print the legal name of the provider organization and the official provider mailing address, phone and facsimile numbers, the provider's e-mail address and the physical address where the attendance records will be maintained. The mailing address is the address of record to which official correspondence, forms, notices, and other information will be sent. The mailing address must be a physical address. The phone number must be a number where we can reach the provider between 8 a.m. and 5 p.m. The department utilizes an electronic mail system and will send routine correspondence by e-mail when appropriate. The address where the course records will be maintained must be a physical address.

List the name of one person you want to designate as the Authorized Provider Representative (APR). The APR is responsible to assure that submissions are timely and in accordance with department criteria and that the provider organization's continuing education documents and records are in compliance. The APR must be readily available to the department and be authorized to resolve issues regarding courses offered under the auspices of the provider organization. Although the APR is the department's primary contact with the provider organization, the APR may delegate course submission responsibilities to other persons within the provider organization.

Section 2 Type of Organization

Please check the box, which most accurately describes the provider organization. Companies or organizations not covered in choice 1-4 must provide the following additional information: Corporations must attach a current list of names of officers and directors; partnerships must attach a current list of partners; limited liability companies must attach a current list of the managers and members. The list must include the person's legal name, address, and position within the organization. Organizations which check choice 1 MUST list their TDI ID license number or NAIC ID number – not a previous continuing education provider number.

New provider submissions which require a list of officers, directors etc. will be considered incomplete if received without the list and will be returned to the provider unprocessed.

Section 3 Provider Information

1. Fees are considered a charge to the licensee for taking the course of paperwork charges for the issuance of a certificate of completion or a requirement that the licensee become a member of an association in order to attend the course. Important: If you answer No & don't restrict your enrollment to members of your organization, you must provide an explanation of why you are providing free education.
2. Indicate if the provider restricts enrollment to members or employees only or appointed agents only.
3. Indicate on a separate sheet details of any administrative or legal action taken against the proposed provider by Texas or any other insurance department based on violations of education program rules.
4. Indicate your understanding of the course record requirements.

5. Indicate your understanding that the provider must select and qualify instructors for the course based on criteria in the rules.
6. Indicate your understanding that providers must notify the department of changes to the Authorized Provider Representative (APR), the provider's mailing address and phone number. Credit will not be allowed for course completions during any time that a provider's courses are removed from the list of active courses for failure to notify the department of pertinent provider information.

Section 4 Persons Authorized to Sign Certificates of Completion

Indicate one or two people who are authorized to sign Certificates of Completion for licensees who successfully complete your course for continuing education credit.

Certification by the Provider

In order to participate in the Continuing Education Program providers must certify to the department that they will comply with all provider and course requirements as outlined in the rules. The provider certification must be signed by a partner, officer, or director (or equivalent) of the provider organization. Original signature and position title are required.

Providers must submit a complete course application & allow the department at least 15 days to process each course. We strongly recommend providers not schedule course presentations until written confirmation of registration has been received.



Certifications must have an ORIGINAL signature (NO STAMPS OR COPIES)

Texas Department of Insurance

New Provider Application

TITLE CONTINUING EDUCATION (MC 106-2T)

333 Guadalupe Street, Austin, TX 78701

PLEASE TYPE OR PRINT CLEARLY

DO NOT FAX THIS FORM

Section 1 Demographic Information

Name of Provider: _____

Official Mailing Address: _____

Street, Physical Location, Route (No Post Office Boxes)

City, State, Zip Code

Name of Authorized Provider Representative: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-Mail Address: _____

Physical Address where course records will be maintained: _____

Section 2 Type of Organization

Indicate the type of organization:

1. 🏢 Insurance company or Agency or Individual who is otherwise licensed by the department TDI
company number (*not the same as your provider number*): _____
Agency or Individual TDI Identification
Number: _____

2. 🏢 Accredited College or University
Regulated by what agency: _____

3. 🏢 Proprietary School
Regulated by what agency: _____

4. 🏢 Insurance Related Association
Name of Executive Director (or Equivalent): _____

5. 🏢 Other type organization or company 🗑️ OR individual who presents self - designed courses

🗑️ Attach a current list of names of the officers and directors, if a corporation, the partners if a partnership, or the officers, managers and members if a limited liability company.

Section 3
Provider Information

1. Does the listed provider charge a fee? Yes No
NOTE: If you answer No to both questions 1 and 2, you must provide a brief explanation on your organization's purpose for desiring to provide continuing education.
2. Does the listed provider restrict enrollment to appointed agents or members only? Yes No
3. Have the listed Authorized Provider Representative or any of the officers, directors, and shareholders of the provider ever been subject of an administrative or legal action regarding CE or had their authority to offer continuing education courses withdrawn by Texas or any other insurance department based on violations of rules pertaining to an education program?
- Yes No If "Yes", please give details on a separate page.
4. Do you understand that as a registered provider of continuing education you must maintain: attendance records, with licensee sign-in and sign-out sheets, some form of student record system which records course completion by both registered course number and licensee name? Also, that at some future date, providers will be required to provide electronic completion data to the department?
- Yes No
5. Do you understand that the provider must select course instructors who are experienced and qualified in the subject to be taught and ensure that each instructor meets at least one of the instructor criteria listed in the rules?
- Yes No
6. Do you understand that registered providers must notify the department within 30 days of changes to the information in Section 1? (Failure to notify will cause the department to immediately remove the provider and any active courses from the list of registered courses until such time the provider submits the new information.)
- Yes No

Section 4
Persons Authorized to Sign Certificates of Completion

Certificates must have an original signature or a stamped signature. Stamped signature are authorized provided adequate security measures are used to insure that it will only be used by the authorized signatory and the stamp is not accessible to the public. Unless the authorized signatory is restricted to signing certificates for a specific course, he/she may sign certificates for all courses registered by the provider. Additional signatories may be submitted after your organization has been registered.

NAME: _____	SIGNATURE
NAME: _____	SIGNATURE

I certify that courses submitted for registration by this provider organization will be presented in accordance with the continuing education rules as listed in 28 TAC Article 9.1 Procedural Rule P-28. I further understand that courses listed with the Texas Department of Insurance are registered *only* for completion by insurance title agents and title escrow officers licensed by the Texas Department of Insurance. I have read and understand the rules and I hereby

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certify that the information I have provided on this form and attachments is true and accurate and consistent with the standards for courses. I understand that false statements made to the Texas Department of Insurance may result in immediate removal of all courses from the list of registered courses, suspension from participation in the continuing education program and disciplinary action.

ORIGINAL SIGNATURE OF AN OFFICER OF THE PROVIDER

DATE

POSITION HELD

Certification must have an ORIGINAL signature (NO STAMPS OR COPIES)

Texas Department of Insurance

Title Continuing Education Course Application Instructions

The department registers courses for continuing education (CE) title/escrow officers can comply with the CE requirement mandated by the Texas legislature. Providers of CE courses that desire to participate in the Texas CE program must be willing to comply with the program rules, for title agent/escrow officer courses or 28 TAC § 9.1 Procedural Rule P-28 for title agent/escrow officer courses. Prior to submitting a course for registration, the provider must evaluate the course content to determine if it meets the requirements for courses stated in the CE rules. Adequate course documents and records must be maintained by the provider for four years and must be available to the department at any time for audit purposes.

The following numbers correlate to the numbers on the Course Application.

- No. 1** Course titles must reflect the content of the course and can be no longer than 50 characters. For brevity, leave off words like "course" or "seminar" or the name of the provider. Use abbreviations only if they are common or self-explanatory.
- No. 2** Indicate **New Course** if the course outline has never been registered for your organization. Indicate **Correction** if you previously submitted a form for the course outline and, after the course was registered, found you made an error in completing the first form. A brief explanation should be attached. Indicate **Revision** if the course outline is currently registered and you have changed 25% or more of the outline OR the changes affect the amount of registered credit OR you have changed the outline to provide a shorter or longer version of the currently registered course. Indicate **Re-registration** if you have not made any changes to the course outline (other than to provide the most up to date information) and your *only* reason for submitting the form is because the course registration is due to expire within the next 90 days or you are registering a course which was previously registered and the registration has expired. PLEASE NOTE: If a course registration expires prior to re-registration, course credit will not be allowed in the interim period before it is re-registered.
- No. 3 & 4** The department will register a course for one TDI provider only. If some other person or organization developed your course, or you are basing your course on another organization's classroom or self-study course, carefully read the instructions entitled "Procedure For Certifying Another Provider's Course". If you are basing your course on a published text, be sure to indicate the name of the publisher.
- No. 5** Indicate the categories which apply to your course content. The content may fall into more than one category. If you cannot fit the course content into at least one category, review P-28.5. (f) -- your course probably cannot be registered!
- No. 6** Indicate the number of course credit hours spent on the subject of the class. **Please refer to the rules to help you determine the amount of credit you may certify.** Credit hours are not cumulative and should reflect accurately the course content hours spent on the subject.
- No. 7** Review the rules to determine if your course is a "classroom" or "self-study" course. Indicate what kind of classroom or self-study course you are certifying. Indicate the number of hours and minutes of instruction contained in the course. (No break time can be included for title agent/escrow courses.) Textbook self-study courses must list the number of words used to determine the number of credit hours. Only those parts of the text that qualify for credit are included in the word count. Do not include headers, Table of Contents, glossaries, etc. All types of self-study courses must list an average time to complete the course. Note: "mixed mode courses" (courses that have both required classroom and self-study parts) are not permitted.
- No. 8** Indicate the next scheduled presentation. (Remember that you must schedule enough time for the department to process your paperwork and mail you confirmation of registration. Retroactive credit will not be given.) If the course is a one time presentation only, or you know when the course will no longer be offered, you can enter the date of the final presentation and we will close the course effective the end of that day.
- No. 10** **Attach both of the required items.** A **Statement of the Learning Objectives** is the desired outcome for the learning process which includes the knowledge, skills, or abilities the licensee is expected to obtain. A **Sample Certificate of Completion** is the certificate you plan to use for the course after it is registered for credit. It must include all course and provider information except the course number and course effective date--these will be given to you once the course is approved.
- No. 11** **Do not submit these documents at this time.** Maintain them in your files for a minimum of four years. The **Method of Evaluation** is the means a provider uses to determine that the Learning Objectives have been met. The evaluation is a written questionnaire/critique which is given to each attendee and must allow for student input. The **Instructor Qualifications** should include a description of how the instructor is considered knowledgeable in the subject matter contained in the course.

An example of a **Statement of Learning Objectives** for a course on a specific type coverage is as follows:

Upon completion of the course, the participant will:

1. be able to explain the XXXXX insurance policy's major coverage's and exclusions
2. be able to explain the general endorsements which can be added
3. have an increased knowledge of actual exposures covered by the policy

An example of a portion of a **Three Tiered Outline** is as follows:

- I. Topic of major insurance theme
 - A. One of the main ideas in this theme
 1. One element of this idea
 2. Another element
 3. Another element (if applicable)
 - B. Another idea in this theme
 - C. Maybe another idea in this theme
- II. Another topic of major insurance theme
 - A. One of the main ideas in this theme
 - B. Another idea in this theme
 1. One element of this idea
 2. Another element
- III. Etc. if other topics-Depends on length of course

NOTE: Use the third level only as needed.

No. 12 & 13 Verify the pre-printed provider information and indicate in (12) and (13) if the pre-printed information is OK or needs to be changed. Indicate any necessary changes in (14) and (15). Do not alter or revise any of the pre-printed information. (We will return as deficient any form which has the pre-printed information altered.) If you make changes, a new form will be printed and sent to the Authorized Provider Representative for future course submissions.

No. 15 & 16 The Authorized Provider Representative may delegate course submission responsibilities to other people. Complete this section only if the course is being certified by a person other than the Authorized Provider Representative.

No. 17 Be sure to read & sign under the course certification. The signature must be the original signature of a person listed in 14 or 15.

Providers must submit a complete course application & allow the department at least 2 weeks to process each course. Do not call the department for the status of your application unless it has been more than 2 weeks from the time you believe we received the course. Providers who ignore this request cause processing delays for everyone as we stop processing to handle your call. **We strongly recommend providers not schedule course presentations until written confirmation of registration has been received.**



Texas Department of Insurance
TITLE CONTINUING EDUCATION (MC 106-2T)

333 Guadalupe Street, Austin, TX 78701

Course Application

PLEASE TYPE OR PRINT CLEARLY

DO NOT FAX THIS FORM

You must be familiar with the program rules to be able to correctly certify your course. If you have not already done so, review the Continuing Education Program Rules, 28 TAC 9.1 Procedural Rule P-28 for title/escrow officer courses.

Please refer to the corresponding numbers in the Continuing Education Course Application Instructions.

1. Course Title: _____ (Maximum 50 characters)

2. Indicate your reason for submitting this course application.

- New Course** -- first time submission of this course & content by your organization
- Correction to a currently registered course** -- error on original registration (do not use to respond to deficiency letters)
- Revision** -- course currently registered for your organization. Outline changes affecting 25% or more of the outline content OR a shorter/longer version
- Re-registration** -- course is submitted only to maintain a course whose registration is about to expire

For course revisions -- indicate the last date the old version will be used or N/A if both will be used: _____

For corrections, indicate the last date the course was presented under the current registration and if certificates of completion were issued.
 Last date registered course was given: _____ Were certificates issued? Yes No

Providers may not have multiple courses with the same/similar course content registered under different course numbers. Similar courses must be linked through the course numbers.

3. If the course, or a shorter/longer version of the course, is currently registered with TDI, list the 10 digit course number(s) & name of provider it is registered under: (example: 12345CC100)
 Number: _____ Name: _____

4. What organization developed this course? _____

5. Indicate the type(s) of course content you are certifying. (All content must fall into one or more of the below categories.)

- | | |
|--|--|
| <input type="checkbox"/> TITLE INSURANCE PRINCIPLES & COVERAGES REGULATIONS | <input type="checkbox"/> TITLE INSURANCE LAW, RULES & REGULATIONS |
| <input type="checkbox"/> RECENT & PROSPECTIVE CHANGES IN COVERAGES, LAW, REGULATION, AND PRACTICE | <input type="checkbox"/> DUTIES & RESPONSIBILITIES OF THE TITLE AGENT OR ESCROW OFFICER |
| <input type="checkbox"/> MANAGEMENT OF LICENSEE'S TITLE INSURANCE BUSINESS | <input type="checkbox"/> LAND TITLE SEARCH OR EXAMINATION |
| <input type="checkbox"/> MORTGAGE LENDING; CLOSING TRANSACTIONS | |

6. Indicate the number of course credit hours you are requesting for this class: _____ hrs

7. Indicate the type of classroom or self-study course. (Note: courses cannot be both classroom & self-study.)

- Classroom** lecture/seminar audio video computer teleconference Length of classroom course: _____ hrs
- Self-study** textbook audio video computer Average Time to Complete self-study course: _____ hrs
- Number of Words in self-study Textbook: _____ (required for textbook self-study courses)

8. Indicate the next presentation date: _____ Indicate the final presentation date (if known): _____

9. Please list this course in the Dept. course list. (List is available to the public)

10. Attachments required with this form.

① STATEMENT OF LEARNING OBJECTIVES

② SAMPLE CERTIFICATE OF COMPLETION THAT WILL BE USED

11. Documents you must maintain in your files. Upon our request, you must produce these documents within ten days.

① THREE LEVEL OUTLINE OF APPROXIMATELY ONE PAGE PER HOUR OF INSTRUCTION FOR CLASSROOM COURSES

② DETAILED TABLE OF CONTENTS FOR CORRESPONDENCE COURSES

③ STATEMENT OF THE METHOD OF EVALUATION OF HOW THE COURSE MEETS ITS LEARNING OBJECTIVES

④ QUALIFICATIONS OF THE COURSE INSTRUCTOR(S) IN THE SUBJECT TO BE TAUGHT

Provider information. Please indicate if the information is correct.

12. Provider Name & Permanent Mailing Address:

12. OK Change (make changes here)

phone () _____

fax () _____

e-mail _____@_____

13. OK Change (make changes here)

14. Name of the Coordinator if different from the APR: _____

Mailing Address _____

(If different
from above): _____

Phone Number: (_____) _____

15. Yes No Have you been authorized by the APR to submit courses for this provider?

I certify that this course meets all the requirements listed for the course criteria, course type, hours of credit, requirements for successful completion, and course registration as listed in 28 TAC 9.1 Procedural Rule P-28 for title agents/escrow officers as minimum standards for continuing education courses. I further understand that courses listed with the Texas Department of Insurance are registered only for completion by title agents, and escrow officers licensed by the Texas Department of Insurance. I have read and understand the rules and I hereby certify that the information I have provided on this form is true and accurate and consistent with the standards for courses. I understand that false statements made to the Texas Department of Insurance may result in disciplinary action.

17. _____
ORIGINAL SIGNATURE OF PERSON LISTED IN ITEM 14 OR 15

DATE

P-28. Requirements for Continuing Education for Title Agents and Escrow Officers.

1. Purpose and Scope. The purpose of this rule is to set forth procedures and requirements for certification of continuing education courses for title insurance agents licensed under the Insurance Code, Article 9.36 and/or escrow officers licensed under the Insurance Code, Article 9.43, as authorized under the Insurance Code, Article 9.58. This rule shall not apply to a corporate agent licensee.

2. Definitions. The following words and terms, when used in this rule, shall have the following meanings, unless the context clearly indicates otherwise.

Continuing Education Coordinator --- The person in the Agents License Section, Licensing Group or in the Title Division of the Texas Department who is delegated authority to review continuing education courses and licensee compliance and who may be addressed as follows: Texas Department of Insurance, Continuing Education Coordinator, 333 Guadalupe Street, Post Office Box 149104, Austin, Texas 78714.

Department --- The Texas Department of Insurance.

Licensee --- Any individual person holding a license under the authority of the Insurance Code, Article 9.36 and/or Article 9.43.

Provider --- A statewide title insurance association, statewide title agents' association or professional association, or a local chapter of a statewide title insurance or title agents' association or professional association; an accredited college or university; a proprietary school as defined in the Texas Proprietary School Act (the Education Code, Chapter 32); the State Bar of Texas; an educational publisher; a title insurance Company authorized to do business in the State of Texas; a Texas public school system; or an individual accredited by any of the organizations described in this paragraph as an instructor.

3. Applicability of Requirements.

(a) Title insurance agents licensed under the Insurance Code, Article 9.36 and escrow officers licensed under Article 9.43 shall complete the required number of hours of continuing education set forth in subparagraph (c) below for each reporting period, unless otherwise exempt.

(b) The reporting period is from the issue date or last renewal date of the license to the expiration date or date of cancellation of the license.

(c) A Licensee subject to relicense shall complete continuing education on a prorated schedule for each reporting period. The number of required credit hours shall be based upon the reporting period from the issue date of the original license or the most recent renewal date of the license to the relicense date:

(i) In accordance with the following schedule for all licenses renewing before July 1, 2004.

LICENSE PERIOD	REQUIRED HOURS
Less than 4 months	0
4 months but less than 6 months	2
7 months but less than 9 months	3
10 months but less than 12 months	4
13 months but less than 15 months	5
16 months but less than 18 months	6
19 months but less than 21 months	7
22 months or more	8

(ii) In accordance with the following schedule for all licenses renewing on or after July 1, 2004.

LICENSE PERIOD	REQUIRED HOURS
Less than 4 months	0
4 months but less than 6 months	4
7 months but less than 9 months	5
10 months but less than 12 months	6
13 months but less than 15 months	7
16 months but less than 18 months	8
19 months but less than 21 months	9
22 months or more	10

4. Exemption From Continuing Education.

(a) The continuing education requirement shall not apply to title insurance agents and escrow officers who meet the criteria of illness, medical disability or circumstances beyond the control of the licensee.

(b) A licensee shall apply for an exemption from or an extension of time for meeting the continuing education requirements by completing an application form obtained from the Texas Department of Insurance and submitting all requested documents and information. The form must be received within the reporting period for which it applies and shall include at least the following:

(1) Statement of the exact nature of the illness, medical disability or other extenuating circumstances beyond the control of the licensee.

(2) Evidence in the form of medical reports from attending physician(s) and insurance claims regarding the illness or medical disability of the licensee, or evidence of insurance claims and/or other documentation as determined regarding circumstances beyond the control of the licensee.

(3) Assessment of the condition of the licensee whether it is temporary, permanent or unknown.

(4) Statement as to whether the licensee will or will not be able to perform activities including any acts of a title agent or escrow officer.

(5) Estimated date when the licensee will be able to perform any activities including any acts of a title agent or escrow officer in accordance with the medical reports or other documents pertaining to circumstances beyond the control of the licensee.

(6) Any other information that may be requested by the Department.

5. Course Criteria.

(a) The purpose of continuing education is to increase the licensee's professional competence with regard to title insurance coverage which can be used to assist customers in making informed decisions regarding their insurance needs.

(b) The course shall have a stated purpose that reflects the goal(s) or the overall intent of the course.

(c) The course shall have specific written learning objectives which support the achievement of the purpose statement of the course. The learning objectives are the desired outcomes for the learning process and identify the knowledge, skills, or attitudes the licensee is expected to obtain.

(d) The course shall have a method of evaluation which measures how effectively the course meets its objectives.

(e) Persons conducting a course should be knowledgeable and well versed on the topic(s) and be able to conduct/instruct a class and provide appropriate feedback on questions.

(f) The course content must be designed to increase the licensee's knowledge and understanding of one or more of the following: title insurance principles and coverage's; applicable laws, land title search or examination; mortgage lending; closing transactions; rules and regulations promulgated by the commissioner; recent and prospective changes in coverage's, law, regulations, and practices; management of the licensee's insurance business; or duties and responsibilities of the title insurance agent or escrow officer.

(g) A State Bar of Texas course is acceptable as an approved course as long as the course includes material pertaining to the business of title insurance, real property, surveys, mortgage lending or transfer of land titles.

(h) Each course must be reviewed every two years by the provider and updated to remain relevant to the professional development of a licensee.

6. Types of Courses. Continuing education courses shall consist of three types:

(1) Classroom courses may include lectures, seminars, audio, video and computer-based instruction, remote classroom training, and teleconferences that take place in a classroom setting or a monitored environment that allows question and answer or discussion period. Internet, CD-Rom, DVD, or other remote computer-based presentations must have an interactive electronic component that has a means to reasonably authenticate the student's identity and attendance.

(2) Self-study courses must be certified for continuing education and may include textbook, audio, video, computer based instruction, or any combination of these in an independent study setting with some measurement of completion of the objective of the course.

(3) The State Bar of Texas approved credit courses which pertain to the business of title insurance, real property, surveys, mortgage lending or transfer of land titles.

7. Hours of Credit. Each provider must complete and submit a New Provider Application. The provider must complete and submit a Course Application for each course. Credit hours for continuing education courses are determined by the methods set forth in paragraphs (1) – (9) of this subsection.

(1) Credit for classroom courses is determined by the number of minutes of actual instruction time divided by 60. Actual instruction time is considered the amount of time devoted to the actual instruction/reading of the topic, and does not include breaks, lunch or dinner, introductions of speakers, instructions, etc. No more than 10 hours of credit shall be recognized for any one course.

(2) Credit for independent self-study courses shall be calculated by using a total of 2600 words as equal to one credit hour. Total words of a text divided by 2600 words will equal the course credit hours. No more than 4 hours of credit shall be recognized for any one course.

(3) Credit for applicable State Bar of Texas courses is determined by the number of credit hours approved by the State Bar of Texas, but only those hours which pertain to title insurance, real property, surveys, mortgage lending or transfer of land titles. No more than 10 hours of credit shall be recognized for any one course. No self-study hours approved by the State Bar of Texas will be accepted.

(4) Credit for accredited college or university courses is determined by the number of semester hours approved for the course by the college or university, but only those hours which pertain to title insurance, real property, surveys, mortgage lending or transfer of land titles. Each semester hour will be equal to 8 credit hours.

(5) Credit for title insurance agents or escrow officers who teach a qualified continuing education course or a portion of a course is determined by the number of hours of course instruction or by the number of hours assigned to the full course whichever is applicable plus the actual hours of preparation for teaching the course reported by the teacher to the provider. The provider of the course is responsible for issuing a letter of certification reflecting the number of credit hours of preparation and the number of credit hours that the individual taught.

(6) Credit for any course may be issued for less than the number of hours the course was assigned (i) to an instructor teaching a portion of the course who does not attend the full course and (ii) to a licensee for attending only a portion of the course. Providers must certify the actual number of hours taught or attended on the certificates of completion it issues to teachers or licensees.

(7) Credit for completing the same continuing education course more than once within the same reporting period shall not be granted for compliance with the continuing education requirement. Credit for teaching the same continuing education course more than once within a three-month period shall not be granted for compliance with the continuing education requirement.

(8) The licensee shall report to the Department on the license renewal form the course title or course number and the number of credit hours of certified continuing education courses claimed by the licensee for all license renewals.

(9) An approved provider may request that a certified course be assigned to another approved provider by completing and submitting a Course Assignment Agreement to the Department.

8. Course Requirements for Successful Completion.

(a) Providers must use attendance rosters or an assessment measurement to certify completion of all or a portion of a classroom continuing education course. Attendance of at least 90% of the course is required to complete all of the course when using attendance rosters. Attendance of at least fifty-five (55) minutes of each hour claimed for a portion of a course is required for each hour of credit issued to a licensee attending only a portion of the course. A means to ensure that the licensee attended the full or at least 90% of the course or the requisite number of minutes for a portion of the course claimed for credit must be established.

(b) Providers must use a written examination to evaluate the licensee's competency and the effectiveness of the self-study courses and classroom courses that do not use attendance as the means of completion. Written examinations shall meet the criteria set forth in paragraphs (1) - (7) of this subsection.

(1) Final examination questions shall not be the same or substantially the same questions the licensee previously encountered in the course materials or review exams.

(2) Security measures shall be in place to maintain the security and integrity of the examination and ensure that the enrolled licensee is the individual who took the examination.

(3) Answers to the examination shall not be given to the licensees at any time before or during the course.

(4) Examinations shall be graded by an authorized staff member.

(5) Licensees shall be allowed to retake an examination if a 70% passing score is not achieved. The retest shall consist of an alternate examination consisting of different questions from the original examination.

(6) Final examinations shall consist of three exams which are distributed alternatively to enrollees of the course, and are revised/updated every two years by the provider consistent with the course update/revision.

(7) The final examination shall be a comprehensive examination of the course and thoroughly test the licensee's knowledge of the content of the course.

(c) Providers must issue certificates of completion to licensees who successfully complete all or a portion of a certified course. The certificate must be issued in a manner which will ensure that the person receiving the certificate is the licensee who took the course, be issued within a reasonable period of time, and be completed to reflect the date the licensee took the course/examination. Information on the certificate of completion can be duplicated from a form obtained from the Texas Department of Insurance. A certificate of completion is valid to renew multiple licenses issued under the Insurance Code, Articles 9.36 and 9.43, if such completion occurred within the renewal period of each license.

9. Course Certification.

(a) Providers of courses must certify each continuing education course with the Texas Department of Insurance prior to offering the course using a certification form obtained from the Texas Department of Insurance. All courses filed with the Department for certification shall be deemed approved unless the Continuing Education Coordinator notifies the provider of disapproval of certification within 30 days of the date on which the certification is filed.

(b) Courses from the State Bar of Texas must be certified with the department to recognize the number of credit hours approved for the course.

(c) Providers must certify within 150 days from the effective date of this rule on a form obtained from the Texas Department of Insurance that each course offered for continuing education credit meets these requirements.

(d) Providers must notify the department when a course is discontinued or no longer active, and when there is a change in the provider's name, address or telephone number in order for the department to maintain an up-to-date registry of courses and to prepare, if courses are to be available to the public, a list of such courses upon request.

10. Obtain Forms. Application forms for exemption, provider and course certification forms, certificate of completion forms, and the list of courses can be obtained from the Texas Department of Insurance, Continuing Education Coordinator, Agent Activity, 333 Guadalupe, P. O. Box 149104, Austin, Texas 78714-9104.

11. Appeals. A decision of the Continuing Education Coordinator to deny an application for an exemption from or extension of time for meeting continuing education requirements or a decision disapproving certification of a continuing education course may be appealed to the Director of Licensing, Agent Activity, who shall decide the appeal within 30 days following the filing of the appeal. An appeal of the Director of Licensing decision may be appealed to the Commissioner.

12. Licensee Compliance.

(a) Licensees may choose courses from any of the courses approved for their type of license which are certified with the Texas Department of Insurance to meet their continuing education compliance requirements.

(b) Title insurance agents and escrow officers shall attach copies of completion certificates as part of the license renewal or submit a certified summary of completion certificates. Each licensee must maintain evidence of course completion for each course for the current and next preceding renewal period which generally consists of four years.

(c) Evidence of compliance is a certificate of completion from a provider of the course which has been successfully completed.

13. Audit of Continuing Education Records.

(a) All continuing education records and evidence of continuing education compliance of licensees must be maintained for a minimum period of four years and are subject to the review of the department at any time. Accuracy of a licensee's records is subject to verification at any time.

(b) All continuing education records, course rosters, and all other course materials of providers must be maintained for at least four years and are subject to the review of the department at any time.

(c) If continuing education records are audited or reviewed and the validity or completeness of same are questioned, the licensee or provider shall have 30 days to correct discrepancies or submit new documentation.

14. Failure to Comply.

(a) Failure to comply with the continuing education requirements in the absence of a valid exemption, or falsification of records of compliance by the licensee is subject to disciplinary action after notice and hearing. Disciplinary action may include a fine, suspension, revocation or cancellation of license in accordance with the Insurance Code, Chapter 82, and any other applicable laws or statutes.

(b) Failure to comply with the rules or falsification of any records by the provider may subject the courses of the provider to be removed from the list of certified courses.

(c) Continuing education requirements must be completed by the licensee's renewal date. If continuing education requirements are not met by the renewal date, the license will not be renewed. The 90-day late renewal filing period cannot be used to complete continuing education requirements.



Texas Department of Insurance

Property & Casualty Program - Title Division, Mail Code 106-2T
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

PLEASE TYPE OR PRINT CLEARLY

DO NOT FAX THIS FORM

INSTRUCTOR CERTIFICATION

The Texas Department of Insurance Continuing Education Program rules require providers to certify that course instructors will be experienced and qualified in the subject to be taught. Further, providers and instructors must certify that they will comply with all provider and course requirements as outlined in the program rules. This certification must be maintained by providers for four years, and submitted to the Department of Insurance either with a course application or change in instructors.

Provider Identification

Provider's Name _____ Provider's Course No.

Mailing Address

City _____ State _____ Zip _____ Phone No. ()

Instructors Identification

Instructor's Full Name

Residence Address

City _____ State _____ Zip _____ Phone No. () _____

Employers Name (If Different From Provider)

City _____ State _____ Zip _____ Phone No. () _____

Qualifications

This instructor is experienced and qualified in the subject(s) to be taught, based on the criteria listed below:
(Instructor must meet at least one of the criteria.)

Instructor is and has been in the practice of teaching insurance courses for at least the last three years and has the knowledge and experience in the subject the instructor will teach.

Instructor is and has been properly licensed as a licensee subject to continuing education under this act for at least five years.

List the type of insurance licenses held:

License Type	License No.	Issue Date	In Which State
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License Type	License No.	Issue Date	In Which State
--------------	-------------	------------	----------------

License Type	License No.	Issue Date	In Which State
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Instructor is the holder of a professional designation recognized by the department which relates directly to the subject the instructor will teach.

Other types of licenses/certifications held:

License/Certification Type	License/Certification No.	Issue Date	In Which State
----------------------------	---------------------------	------------	----------------

License/Certification Type	License/Certification No.	Issue Date	In Which State
----------------------------	---------------------------	------------	----------------

License/Certification Type	License/Certification No.	Issue Date	In Which State
----------------------------	---------------------------	------------	----------------

Instructor is or has been engaged in a recognized profession that is pertinent to the subject to be taught, including, but not limited to: licensed or certified medical professionals, Certified Public Accountants, and members of a state bar.

This instructor will be teaching the following course for this provider organization:

Course Title	TDI Course No.
--------------	----------------

Certification

I certify that the above information is true and correct and that I will conduct the course in compliance with applicable rules of the Department of Insurance. I understand that failure to comply with the requirements specified in the continuing education program rules, or falsification of any records or participation in any activities which allow circumvention of the requirements of the applicable statutes of the continuing education program rules may subject the courses of the provider to be immediately removed from the list of registered courses and cause possible suspension from participation in the continuing education program for up to one year.

Original Signature of Instructor	Date
----------------------------------	------

Provider must sign the instructor certification form on behalf of the instructor.

Original Signature of Provider Official	Date
---	------

Type or Printed Name of Provider Official	Title/Position
---	----------------

Classroom Version

TEXAS CONTINUING EDUCATION SAMPLE CERTIFICATE OF COMPLETION

This Certificate of Completion is awarded to:

In recognition of successful completion of the following course on _____.
(Date)

_____	_____
Course Title	Course Effective Date
_____	_____
TDI Course No.	Credit Hours
_____	_____
TDI Course No.	Credit Hours
_____	_____
TDI Course No.	Credit Hours

Course Site: _____

I certify the above licensee completed the above course as required by the Texas Department of Insurance, on the date listed.

_____	_____
Authorized Provider Signature	Date
_____	_____
Course Provider	Provider NO.

Mailing Address & Telephone Number of Provider

I certify that I personally completed this course. *(Must be completed to be valid.)*

Licensee's Signature

Licensee's Business Address

City State Zip Code

Licensee's Texas Dept. of Ins. ID Number

Continuing Education Course Self Check List

The following self check is provided for your reference to insure that your courses are in compliance with minimum criteria for a continuing education course. Please keep this for your records to use as a guideline for your course submissions. Only if the answers to all applicable question are Yes, should a New Provider application and Course Application form be submitted.

General Information:

- YES NO Is the course content designed to enhance the knowledge and understanding of one or more of the following: insurance principles and coverage, applicable laws, rules and regulations, recent and prospective changes in coverage, law the duties and responsibilities of the licensee, consumer protection, and/or insurance ethics.
- YES NO Are there specific written learning objectives which identify the knowledge, skills or attitudes the licensee is expected to obtain?
- YES NO Is there an evaluation method to measure how effectively the course meets it objectives?
- YES NO Will the Texas Department of Insurance be notified when the course is discontinued, no longer active or is changed?
- YES NO Will the course be reviewed and resubmitted within 2 years to ensure the information is updated and remains relevant to the professional development of the licensee?
- YES NO Will attendance rosters be maintained for four years from the date the course is completed by a licensee?
- YES NO Will completion records, by both licensee name and course taken, be maintained for four years from the date the course is completed by a licensee?
- YES NO Will each licensee who completes the course receive a certificate of completion prepared with all the information as required by the Department?
- YES NO Is the course unique to your company and not based on a text or outline which has already been certified for credit?

Self- Study Information *(Skip if a classroom course):*

- YES NO Are credit hours calculated by using a total number of words of the text divided by 2600?
- YES NO Is there a written exam to use as a means to ensure that the licensee completed the self-study course?
- YES NO Are the final exam questions substantially different from question in the course materials or review exams?
- YES NO Are there security measures in place to maintain integrity of the exam and verify that the enrolled licensee took the exam?
- YES NO Are the answers to the exams never given to a licensee at any time?
- YES NO Are the exams graded by a disinterested person authorized by the company?
- YES NO Is a retest for licensees not passing with 70% provided using a different exam consisting of different questions form original exam?
- YES NO Are there a minimum of three final exams which are used randomly among enrollees of the course which are revised/updated every two years?
- YES NO Are the final examination questions a comprehensive examination of the entire course content?
- YES NO Do the final examination questions thoroughly test the licensee's knowledge of the content of the course?
- YES NO Is the final exam monitored by a disinterested third party?

Classroom Information *(Skip if a self study course):*

- YES NO Is credit based on allowance of not more than one10 minute break for each two hours of lecture?
- YES NO Is a method established to ensure that a licensee attends at least 90% of a course and that partial credit will not be given?
- YES NO Are the instructors knowledgeable on the subjects and able to conduct/instruct a class and provide appropriate feedback on questions?



Texas Department of Insurance

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COURSE ASSIGNMENT AGREEMENT Must be typewritten or legibly printed in ink.

In order for a provider to assign a course to another, that provider must have ownership rights to the course being assigned. This assignment form must be completed jointly between the assignee and the assignor. The ASSIGNOR shall submit the original and two copies to the Title Division of the Texas Department of Insurance (TDI). Upon receipt of the properly completed assignment form, the TDI will return a copy to both the assignor and assignee. The assignor shall deliver all information required for certification of a course as set forth in the course certification application form to the assignee. The assignee shall maintain all information required under 28 TAC §9.1 Procedural Rule P-28 and shall submit to the TDI or its designee such information on request. Assignees may not assign an assigned course.

A. General Information:

(1) Assignee's current provider registration number: _____

Assignee's registered name: _____

(2) Indicate a yes or no response to the following questions by checking the applicable box: (The assignee must indicate a yes or no response to each question by checking only one box per question. If a "Yes" response has been checked, the course cannot be assigned.)

- | | Yes | No | |
|--|--------------------------|--------------------------|--|
| (a) Will assignee change more than 25% of the course content subjects? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) Will assignee change the number of certified course credit hours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) Will assignee change the type of certified course credit hours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (d) Will assignee write and use examinations different from those developed by assignor? | <input type="checkbox"/> | <input type="checkbox"/> | |

(3) Assignor's current provider registration number: _____

Assignor's registered name: _____

(4) Date the assignment is proposed to be effective: _____ / _____ / _____
MM DD YYYY

(5) Date assignment terminates (may not exceed course expiration date): _____ / _____ / _____
MM DD YY

****Note regarding termination**** There must be a termination date stated. Nothing on this form precludes the parties from submitting a new assignment before this one terminates or mutually agreeing in writing to an early termination. The department will not be a party to any disputes between the assignee and assignor.

