



Texas Department of Insurance

Licensing Division/Continuing Education, Mail Code 107-1A
333 Guadalupe • P. O. Box 12200, Austin, Texas 78711-2200
512-322-3503 telephone • 512-322-4360 fax • www.tdi.state.tx.us

Application for Provider Registration

PLEASE TYPE OR LEGIBLY PRINT IN INK
Nonrefundable Fee: \$50

DO NOT FAX THIS FORM

Prior to completing this form, please read the instructions beginning on page 3. A course certification application must be filed for each course 20 days prior to presentation. This application is to be used only by individuals or organizations applying to be registered or re-registered by the department as a registered provider of continuing education or adjuster license training that may submit courses for certification.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.022 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For information about the procedure and costs for obtaining information from TDI, please contact the Agency Counsel Section of TDI's Legal and Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.

Part A. Provider Identification and Contact Information:

- (1) TDI Provider Number: _____ (Established Providers Only)
- (2) Provider Name: _____
 Provider's Trade Name or DBA: _____
- (3) Physical Address: _____
Street name and number

City State Zip Code
- (4) Mailing Address: _____
Mailing address, if not same as physical location

City State Zip Code
- (5) Name of Authorized Provider Representative (APR): _____
- (6) Phone: (____) _____
 Fax: (____) _____
 Email Address: _____
- (7) Web Site Address: HTTP://_____

Part B. Screening Questions: (READ INSTRUCTIONS!) Insurer licensed in TX and paying TX premium taxes skip to #4)

Note Well: (1), (2), & (3) apply to corporations, banking corporations, and LLCs chartered in Texas and to non-Texas corporations that do business in Texas.

- (1) Is provider-applicant required to pay Texas franchise taxes? If exempted by Texas Comptroller, go to #3
- (2) If required to pay franchise tax, attach a current letter of good standing from the Texas Comptroller of Public Accounts.
- (3) If not required to pay Texas franchise tax, attach a No-Nexus letter from the Comptroller's office. To obtain a No-Nexus letter, see instructions for this question.
- (4) The provider applicant's state of incorporation, domicile or residence: _____
- (5) Has or does the listed provider applicant provide insurance education under a name different from those given in Part A? Yes No. If "Yes", attach details on a separate page.
- (6) Has the provider applicant had any certification or approval for a professional continuing education course or prelicensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States? Yes No. If "Yes" give details on a separate page and include a copy of the agreement or order.

Part C. Geographic Areas for Classroom Course Presentation:

Review the CE Classroom Regions Map on page two of the instruction page and indicate below the areas in which classes actually will be presented. If all courses are Self Study or Classroom-Equivalent, check appropriate box.

- 1 2 3 4 5 6 7 8 9 10 11 12 Self Study Classroom
 Classroom- Equivalent

Part D. Additional Required Attachments:

- 1. A description of the Provider's student record keeping system including a description of the methods for documenting student course completion (See .28TAC §19.1011).
- 2. If offering classroom courses, the method used by the Provider for evaluating instructors' **qualifications** and on-going **performance**.

Part E. Certification:

The undersigned certifies on behalf of the provider applicant that the provider applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in 28 TAC §19.602 and §§19.1001-19.1019 and that the information provided on this form and on any attachments is true and correct.

PRINTED NAME AND TITLE OF THE PERSON SIGNING FOR THE PROVIDER APPLICANT

SIGNATURE OF PROVIDER APPLICANT

____/____/____
DATE

PROVIDER REGISTRATION INSTRUCTIONS

This application is for individuals or organizations applying to be registered or re-registered by the department as a registered provider. The completed application and any required attachments must be submitted to the Texas Department of Insurance, Licensing Division (MC 107-1A), P. O. Box 12200, Austin, TX 78711-2200, along with a nonrefundable application fee of \$50. The application must be typed or legibly printed in ink. This application alone does not authorize you to present courses for Texas CE credit. Each course must be individually submitted for certification.

Do not fax or e-mail this form.

Before completing this form, you need to read and comply with the program rules as set forth in 28 TAC §§19.602 and 19.1001 - 19.1019. A copy of these rules may be accessed through a link on the Texas Department of Insurance Web site's Continuing Education page, <http://www.tdi.state.tx.us/agent/agcehome.html>.

A Provider registration is valid for two years. To remain registered, providers must re-register by filing this form with the appropriate attachments and paying the registration fee prior to the second anniversary of the current provider registration.

The department will not notify the provider of registration or course certification expirations.

Part A. Provider Identification and Contact Information:

- (1) If you are a registered provider who is submitting this application to re-register as a registered provider, insert your TDI provider number. The provider number is the four digit number assigned by the department when provider applicant is registered.
- (2) Disclose the provider applicant's information by inserting:
 - (a) the provider applicant's full legal name;
 - (b) Any other name(s) under which the provider applicant will do business. Providers should not list the names of instructors or course preparers.
- (3) Disclose the provider applicant's physical address where records will be maintained and may be inspected.
- (4) If different from the physical address, complete the blanks by inserting the provider applicant's mailing address. This is the address of record to which official correspondence, forms, notices, and other information will be sent.
- (5) List the name of one person who will be your Authorized Provider Representative (APR). The APR is the individual designated by a provider as the contact individual responsible for all the provider's communications and filings with this department. The APR should be readily available to this department's representatives, and must be authorized to resolve issues regarding courses offered by the provider. Although the APR is the department's primary contact with the provider organization, the APR may delegate course submission responsibilities to other coordinators within the provider organization.
- (6) Insert the APR's telephone number, fax number, and an email address where the APR can be reached between 8 a.m. and 5 p.m. Central time.
- (7) If the provider applicant has a Web site address and classes will be open to the public, please insert the provider applicant's Web address.

Part B. Screening Questions:

- (1) Go to <http://www.window.state.tx.us/taxinfo/franchise/franfaq.html>, to establish if you must pay Texas franchise taxes. Corporate provider registrations and registration renewals CANNOT be processed without one of the items in (2) or (3).
- (2) You may print out a copy of your letter of good standing from <http://ecpa.cpa.state.tx.us/coa/coaStart.html>. The print button is called, "Certificate of Account Status".
- (3) To download the Texas Nexus Questionnaire, which the Comptroller uses to generate a No-Nexus letter if you are not subject to the franchise tax, go to <http://www.window.state.tx.us/taxinfo/taxforms/05-forms.html>. It is form AP-114.
- (4) If the provider applicant is an insurer licensed or regulated by this department, skip this question. Else, insert the name of the provider applicant's state of incorporation, domicile or residence.

- 5) Answer the question by checking yes or no. If "Yes" is checked, a separate page providing details must be submitted with the application.
- 6) Answer the question by checking yes or no. If "Yes" is checked, provide details on a separate page, and include a copy of the agreement or order.

Part C. Geographic Areas for Course Presentation:

Geographic regions are often listed for a provider's classroom activity, so that a potential student may select a provider that actively presents classes in the student's area. If classes are open to the public, please check only those regions where the provider applicant offers classes. Please see the map below.

If the provider applicant plans to offer only self study and/or classroom equivalent courses, check one or both of those boxes. Do not check any regions.

Part D. Additional Required Attachments:

- (1) Describe how the provider applicant will keep student records. These records are subject to audit during the four years following a student's completion date. This should include a description of how attendance will be documented.
- (2) Describe how the provider applicant plans to evaluate instructors.

C E Classroom Regions

