



Texas Department of Insurance  
Licensing Division/Continuing Education,

Mail completed document and fees to:

Pearson VUE  
Attn: TX CE  
PO Box 8588  
Philadelphia, PA 19101-8588

Application for CE Provider registration

COMPLETE THIS FORM ON-LINE. PLEASE SAVE A COPY!

DO NOT FAX THIS FORM

Nonrefundable Fee: \$50

MAKE CHECK PAYABLE TO PEARSON VUE/TDI

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 courses, adjuster license training, and/or LTP-P certification programs.

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](http://www.tdi.state.tx.us).

Part A. Provider Identification and Contact Information:

(1) TDI Provider Number: \_\_\_\_\_ (Established Providers Only)

(1)(a) FEIN \_\_\_\_\_

(2) Provider Name: \_\_\_\_\_

(2)(a) 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) APR Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Most of our communication with you will be by email and phone. Keep these updated!

(7) Web Site Address:HTTP:// \_\_\_\_\_

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

**Note: (1), (2), & (3) apply to Entities 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 your firm is required to pay TX franchise tax, attach a current letter of good standing from the Texas Comptroller of Public Accounts.
- (3) If your firm an entity is a type normally required to pay TX franchise tax and you do not, 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 for that type. A map of the regions is in the instructions.

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

**Part D. Attestation:**

By submitting this document on behalf of the provider applicant I attest 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.

**(SIGNATURE NOT REQUIRED)**

**MAKE CHECK PAYABLE TO PEARSON VUE/TDI**

**PROVIDER REGISTRATION INSTRUCTIONS**

This application is for individuals or organizations applying to be registered by this Department as a registered provider. The completed application and any required attachments must be submitted to the letterhead address, along with a nonrefundable application fee of \$50. Make payment to PEARSON VUE/TDI. The application must be typed on line 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 and approved.

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.

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.

Non-receipt of provider or course renewal notice does not excuse non-filing.

**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.
- (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//faq\\_tax\\_ent.html](http://www.window.state.tx.us/taxinfo/franchise//faq_tax_ent.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/Index.html>.
- (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. Sometime in 2009, providers will be able to list course offerings on Sircon.

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.

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**IMPORTANT PROVIDER NOTE:** Classes and provider course records are subject to on-site review at any time by the department or its designee. See Rules for additional documents we may request.

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# C E Classroom Regions

