



**South Carolina Department of Insurance**  
 Division of Education Services – P. O. Box 100105 – Columbia, SC 29202-3105

**Continuing Education Instructor/Renewal Application – Filing Fee \$25**

**PLEASE TYPE OR PRINT LEGIBLY – Applicant’s Information – NO FAX COPIES (Submission by sponsor only)**

If the applicant is a licensed SC producer, please make sure the address provided below is the same address the Department has on file for the applicant. The Department will return any application to the sponsor that is not properly completed or the required document is not provided and the filing fee will be forfeited. (SCDOI must be notified within 30 days of a change in address.)

**Applicant is requesting approval to teach courses in \_\_\_ LAH \_\_\_ P&C \_\_\_ Bail Bondsman**

Full Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ (Required)

Social Security No: \_\_\_\_\_ (Required) Email Address \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
 (Required) Address City State ZIP

Telephone No: \_\_\_\_\_ (Required) Instructor Approval No: \_\_\_\_\_ (Renewal)

1. A \$25 nonrefundable filing fee.
2. Pursuant to Regulation 69-50 (VI)(A)(2)(a-f) an applicant must submit **one** of the following documents. Only check **one** of the boxes below. (A resume or a bio **will not** be accepted)

- \_\_\_\_\_ (a) Submit copy of **college degree in insurance** from an accredited institution of higher learning;
- \_\_\_\_\_ (b) Submit copy of one of the following **professional designations – CPCU or CIC** for property and casualty approval or **ChFC, CFP, FLMI, LUTCF or CLU** for life, accident and health approval;
- \_\_\_\_\_ (c) Submit a letter **on insurance company letterhead which is signed by the employer** verifying that the applicant has **at least seven or more years** of practical experience in the subject matter. The letter should include the applicant’s job title and description of job duties;
- \_\_\_\_\_ (d) Submit copy of **college degree and letter** indicating that the applicant has **three or more years** of practical experience in LAH or P&C to teach the subject matter and bail bonding experience to teach bail bonding courses. The letter should include applicant’s experience in subject matter;
- \_\_\_\_\_ (e) Submit copy of **AAI** designation or a copy of **INS** certificate indicating that the applicant has **five or more years** of practical experience in LAH or P&C to teach the subject matter **and has** one or more of the professional designations indicated in **(b) above** for which approval is sought;
- \_\_\_\_\_ (f) Submit copy of letter on letterhead indicating that the applicant has a minimum of one year of experience as an **Insurance Department Regulator**.

**The following questions must be answered by the applicant:**

1. Have you ever been the subject of any disciplinary action, including suspension, cancellation or revocation by any Insurance Department, governmental entity, or other licensing authority? \_\_\_ Yes \_\_\_ No

2. Have you ever been convicted, pled guilty, or no contest in any criminal proceedings? \_\_\_\_ Yes \_\_\_\_ No If yes, attach a statement providing complete details.
3. Have you ever been charged by any entity with misappropriation, conversion, or withholding of money? \_\_\_\_ Yes \_\_\_\_ No If yes, attach a statement providing complete details.
4. I understand that if I violate South Carolina Code Ann §38-43-106(A)(1) or Regulation 69-50 relating to the continuing education insurance program requirements, I may be assessed a fine of not less than \$1,000, suspension of approval or termination of approval status \_\_\_\_ Yes \_\_\_\_ No

I \_\_\_\_\_ do solemnly swear that the information and answers contained  
 (Applicant's signature) herein are true and complete to the best of my knowledge.

**Sponsor Information (This section must be completed by the sponsor and the sponsor must sign and date the application) – PLEASE TYPE – The information provided below is required.**

Name of Approved Sponsor \_\_\_\_\_ Sponsor No \_\_\_\_\_

Sponsor's Authorized Representative \_\_\_\_\_

Sponsor's Address \_\_\_\_\_  
 Address City State ZIP

Sponsor's Telephone No \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please check here if sponsor has had an address change within the past year** \_\_\_\_ Yes

\_\_\_\_\_  
 Signature of Sponsor's Authorized Representative Date

<b>For Department Use Only</b>			
_____ Date Reviewed	_____ Approved	_____ Disapproved	Instructor Approval Number _____
Reason for Disapproval _____			