



# Nevada Division of Insurance

## Prelicensing Education Provider Course Application

**Instructions:** For each course, complete all portions of this application and email the application to: ce\_providers@pearson.com. For additional information regarding prelicensing providers and course approval, visit the Division's website at: doi.nv.gov.

**Course Review fee:** None

### Provider Information

Sponsor/Provider Name:		FEIN:	
Address:			
Business Phone:		Business Email:	
Toll Free Number:			
Web Address (URL) for Courses:			
Contact Person:			
Contact Person Email:		Contact Person Telephone:	

### Course Information

Course Title:			
Method of instruction (circle/check one):	Classroom	Webinar	Self-Study
Will the course be open to the public?	Yes	No	

Line(s) of Insurance:

Life	Workers' Compensation
Accident and Health	Exchange Enrollment Facilitator
Property	Bail
Casualty	Bail Enforcement Agent
Personal Lines	

Each course must include education regarding Nevada Statutes and Regulations.

Attach with the course application:

- A detailed outline of the course, including sufficient information to determine the topics to be covered and the length of time for each topic;
- A description of the scale to be used in grading; and
- A schedule of times the course is to be taught.

### Instructor Information

Name(s) of Instructor(s): \_\_\_\_\_

For each instructor:

- Attach a resume showing 5 years of experience in the topic to be taught, or
- Approval from the Nevada System of Higher Education.

**Provider Name:**

**Date of Submission:**

**Certification and Acknowledgment**

I certify that the information I have presented on this form is complete, true and accurate and complies with Nevada law, including the relevant sections, as follows:

- NAC 683A.170 - 683A.261 for producers, insurance consultants
- NAC 683A.190 - 683A.261 for bail agents, bail solicitors, general agents for bail, or bail enforcement agents
- NAC 684A (Adopted Regulation R028-18, Sections 9 - 16)
- NAC 695J.100 - 695J.180 for exchange enrollment facilitators

I acknowledge that, as a provider, I have responsibilities to the State of Nevada and the students, including, but not limited to, the following:

- Uploading certificates of completion as soon as possible upon completion of the course at [www.sircon.com](http://www.sircon.com).
- Maintaining attendance and grade records and providing these records upon request of the Division.
- Submitting a quarterly report to the Division that includes the name of the provider, date the course was completed and the name and grade of each person attending the course.
- Complying with the requirement of the Nevada Commission on Postsecondary Education prior to offering a prelicensing education course.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_