



# Nevada Division of Insurance

## Prelicensing Education Provider Course Application

**Instructions:** For each course, complete all portions of this application and mail the application to: Pearson VUE Nevada PE, Suite 300, 3 Bala Plaza West, Bala Cynwyd, PA 19004-3481. 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: \_\_\_\_\_