



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE**

“CONTINUING EDUCATION SPEAKER/INSTRUCTOR QUALIFICATION FORM”

Speaker/Instructor Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Course Title: _____ **Date:** _____

Provider Name: _____ **Provider#:** _____

E-Mail of Contact: _____ (person completing form)

RELATED EDUCATIONAL BACKGROUND (DO NOT SUBMIT RESUME)

Speaker/Professional Designation/Seminars	Degree/Designation

Have you ever taught an insurance course before? YES [] NO []

Circle Two (2) Applicable Qualifications.

- A. Three (3) years’ experience in subject being taught.
- B. Related degree in subject matter of course being studied.
- C. A combination of sixty (60) hours course toward a degree and two (2) years’ experience in subject matter.
- D. A minimum of two (2) years recent experience as a licensed insurance agent and a minimum of three (3) months practical experience in the subject matter being taught.
- E. Professional designation from a recognized industry association.

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475 TTY: Please Call Maine Relay 711 Consumer Assistance: 1-800-300-5000 Fax: (207) 624-8599