

**INDIANA DEPARTMENT OF INSURANCE  
NAVIGATOR PRECERTIFICATION TRAINING PROVIDER  
APPLICATION FOR APPROVAL**

New Application       Renewal Application   
 Open to the Public       In-House       Classroom Program       Self-Study Program

**Provider Information:**

Provider Name:		
Street Address:		
City:	State:	Zip Code:
Published Phone #: (800# if available)	Federal Tax ID #:	
Contact Person:		
Phone:	Email:	

**Materials & Course Information:**

Text Title:
Publisher/Edition:
Other Materials:

NOTE: If classroom course will be held at different address than stated above, attach separate sheet listing facility name and business address of each location.

Schedule of Courses: (check all that apply)						
<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SN
Hours classes will be held:	Start Time:	End Time:				

**Certification by Course Director:**

I hereby certify that I have read and understand the Commissioner's Administrative Rules regarding courses of study, applicants and instructors, and that the program and its instructors will comply fully with the Commissioner's requirements relating to the conduct of courses of study. I further certify that the program facilities are designed or equipped to assure full and free access by disabled persons, but failing this, I certify that program personnel will be available before, during and after scheduled classes to assist any handicapped person as may be necessary.

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Course Director

**The following must be included with application:** One (1) original set of all documents, \$50.00 filing fee, \$25.00 director fee, \$10.00 instructors fee (per instructor), content outline/agenda and text material.

**Mail Submission to:** Indiana Department of Insurance, 311 W. Washington St, Indianapolis, IN 46204

## APPLICATION FOR COURSE DIRECTOR APPROVAL

New Application       Renewal Application

### Course Director Information:

Name:		
Address:		
City:	State:	Zip Code:
Phone #:	Social Security Number*:	

\*This information is to be used by the Commissioner to assist in the positive identification of the application where two or more individuals may have similar or identical names. The applicant may refuse to provide his or her social security number to the Commissioner. No applicant shall be refused, denied or otherwise penalized on the basis of his or her refusal to provide his or her social security number.

### Sponsoring Pre-Certification Education Training Program:

Provider Name:		
Street Address:		
City:	State:	Zip Code:

### Qualifications (Must Check One):

	Two (2) or more years of experience as an instructor in the insurance or healthcare industry, or an education administrator in the insurance or healthcare industry.
	Six (6) or more years experience in the insurance or healthcare industry, with a minimum of two (2) years in insurance or healthcare management.
	A certified Navigator. (A photocopy of certificate must be attached.)

### Please answer Yes or No to the following questions:

If the answer to any question below is "Yes", attach statement providing complete details.

YES	NO	Question
		Have you ever been denied an insurance license or had an insurance license, navigator certification or any professional license suspended or revoked in Indiana or elsewhere? (If yes, attach statement providing complete details.)
		Have you ever been convicted or entered a plea of guilty to any criminal offense (other than minor traffic offenses)? (If yes, attach statement providing complete details.)
		Do you currently have any outstanding fines imposed by the Commissioner of Insurance? (If yes, attach statement providing complete details.)
		Are you on the most recent tax warrant list supplied by the Indiana Department of Revenue? (If yes, attach statement providing complete details.)

### EDUCATION:

Did you graduate from high school?  YES     NO    If Yes, Year of Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate from a College/University?  YES     NO    If Yes, Year of Graduation \_\_\_\_\_

Name of College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Employment History**

Current Employer:		
Street Address:		
City:	State:	Zip Code:
Title of Position:	Immediate Supervisor:	
Detailed Description of Duties:		
Length of Employment with Current Employer in Years/Months____/____		

**Signature of Course Director**

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Course Director

**Recommendation of Pre-Certification Education Course Provider or Chief Academic/Operating Officer** (if other than applicant).

I hereby recommend that this applicant be approved as Course Director for the program being conducted by the sponsoring institution/company named above.

\_\_\_\_\_  
Signature of Employer/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Employer/Supervisor

## APPLICATION FOR COURSE INSTRUCTOR APPROVAL

(must complete pages 4 and 5 for each course instructor)

New Application       Renewal Application

### Course Instructor Information:

Name:		
Address:		
City:	State:	Zip Code:
Phone #:	Social Security Number*:	

\*This information is to be used by the Commissioner to assist in the positive identification of the application where two or more individuals may have similar or identical names. The applicant may refuse to provide his or her social security number to the Commissioner. No applicant shall be refused, denied or otherwise penalized on the basis of his or her refusal to provide his or her social security number.

### Sponsoring Pre-Certification Education Training Program:

Provider Name:		
Street Address:		
City:	State:	Zip Code:

### Please answer Yes or No to the following questions:

(Provide additional information as required.)

YES	NO	Question
		Do you presently hold a valid Indiana Insurance Producer's License? If yes: License #: _____ Expiration Date: _____
		Have you held a valid teaching certificate ** for two (2) or more years? (If yes, a photocopy must be attached.)
		Are you a certified Navigator? (If yes, a photocopy of certificate must be attached.)
		Have you had two (2) or more year's managerial, supervisory, or teaching experience in the insurance or healthcare industry? <i>Position must be in management, supervision, or teaching—sales position does not qualify.</i> If YES, state Title of Position and describe duties:
		Have you ever been denied an insurance license or had an insurance license, navigator certification or any professional license suspended or revoked in Indiana or elsewhere? (If yes, attach statement providing complete details.)
		Have you ever been convicted or entered a plea of guilty to any criminal offense (other than minor traffic offenses)? (If yes, attach statement providing complete details.)
		Do you currently have any outstanding fines imposed by the Commissioner of Insurance? (If yes, attach statement providing complete details.)
		Are you on the most recent tax warrant list supplied by the Indiana Department of Revenue? (If yes, attach statement providing complete details.)

\*\*Teaching certificate must be either in the insurance or healthcare industry.

**EDUCATION:**

Did you graduate from high school?  YES  NO If Yes, Year of Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate from a College/University?  YES  NO If Yes, Year of Graduation \_\_\_\_\_

Name of College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Employment History** (two employers – most current first)

Current Employer:		
Street Address:		
City:	State:	Zip Code:
Title of Position:	Immediate Supervisor:	
Description of Duties:		
Prior Employer:		
Street Address:		
City:	State:	Zip Code:
Title of Position:	Immediate Supervisor:	
Description of Duties:		

**Course Instructor Signature:**

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

\_\_\_\_\_  
Course Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Instructor Printed Name