



Ohio Department of Insurance Continuing Education Program

Provider Information Packet

Administrative Services Provided by
PSI Service.



August 2023

Ohio Department of Insurance Continuing Education Program

CE Provider Information and Application Packet

Tables Contents

Introduction

Agent Continuing Education Credit Requirements	3
--	---

Provider Information

General Information and Requirements.....	4
Instructions for Completing the Ohio Provider Application	6
Ohio Provider Application (OHP-01)	8

Course Information

General Course Information and Requirements	9
Course Selection Guidelines and Definitions.....	11
Qualifying Course Topics and Requirements	12
Classroom Course Information.....	13
Distance Learning Course Information	14
Self-Study Non-Interactive Course Information	15
Self-Study Interactive Online Course Information.....	15
Professional Association Membership Credit Course Information.....	17
Sample of Acceptable and Unacceptable Course Outlines.....	18
Application Selection Guidelines.....	20
Instructions for Completing the Ohio Course Application.....	21
Ohio Course Application (OHC-01)	23
Instructions for Completing the NAIC CE Reciprocity Application.....	24
NAIC Reciprocity Standard Continuing Education Filing Form	27
Instructions for Completing the Association Membership Application	29
CE Association Membership Credit Application (INS3207).....	30
Dispute/Appeal Process	31

Publication/Author Information

Requirements for Publication/Course Author Credit	32
Instructions for Completing the Publication/Course Author Credit Application.....	33
Publication/Course Author Credit Application Form (OHPA-01)	34

Miscellaneous Forms/Samples/Instructions

Fee Worksheet	35
Instructions for Schedule Reporting	36
Instructions for Roster Reporting.....	37
Sample Course Sign-in/Sign-out Sheet.....	38
Sample Affidavit for Self-Study Courses	39
Sample Course Completion Certificate	40

Additional Information

Education Provider Portal Information.....	41
Overview of PSI's Course Review Process.....	42
Frequently Asked Questions (FAQs).....	43
Violations and Penalties.....	44

Ohio Department of Insurance Continuing Education Program

Introduction

The State of Ohio has contracted with PSI to perform continuing education (CE) provider and course review services on behalf of the Ohio Department of Insurance (the Department). PSI handles all transactions and inquiries for approving providers and courses.

Education Providers are required to submit course schedules and rosters electronically via the Department's online CE Provider Portal. Please see the Education Provider Portal User Guide, located on the Department's website, for more information.

Providers may call PSI at **1877-526-6833** or send an email to ohins-processing@psionline.com for questions/inquiries relating to provider, course reviews and approval. Providers should contact the Department at **614-644-2665** or visit the Department's website at www.insurance.ohio.gov for questions relating to course schedule and roster submissions.

Agent Continuing Education (CE) Credit Requirements

Resident agents with a major lines license will be required to complete 24 credit hours of continuing education, 3 of which must be approved as ethics specific, prior to renewing their license. The license must be renewed every 2 years by the last day of the agent's birth month.

Resident agents with a title license are required to complete 12 hours of CE, 10 of which must be approved as title-specific and 2 of which must be approved as ethics -specific, prior to renewing their license. The license must be renewed every 2 years by the last day of the agent's birth month.

Resident Surety Bail agents are required to complete 7 credit hours of CE, 6 of which must be approved as surety bail bond-specific and 1 of which must be approved as ethics-specific, prior to renewing their license. The license must be renewed annually by the last day of February.

Resident and Non-Resident Viatical Settlement Brokers are required to complete 15 credit hours, all of which must be approved as Viatical-specific credit. The license must be renewed every 2 years by the last day of March.

Resident agents holding a major lines license and title license are required to complete 24 credit hours of CE, 10 of which must be approved as title-specific and 3 of which must be approved as ethics-specific. Both license types must be renewed every 2 years by the last day of the agent's birth month.

Resident agents holding a major lines license and surety bail bond license are required to complete 24 credit hours of CE, 12 of which must be approved as surety bail bond-specific and 3 of which must be approved as ethics-specific. The major lines license must be renewed every 2 years by the last day of the agent's birth month and the surety bail bond license must be renewed annually by the last day of February.

Ohio non-resident agents (excluding non-resident Viatical Settlement Brokers) who have met the CE requirements in their home state, agents who hold only a Limited Authority license or agent who have been granted inactive status by the Superintendent are exempt from the CE requirements.

Ohio Department of Insurance Continuing Education

Provider Information

These requirements have been adopted by the Ohio Department of Insurance. See Page 44 for information about violations and penalties.

General Information and Requirements

Organizations providing insurance CE for Ohio credit must be reviewed and approved by PSI. You may apply as a provider when you send your first course for review.

1. PSI will review provider and course applications within 30 calendar days of receipt. Therefore, providers are encouraged to submit completed application packets at least 30 calendar days in advance of the initial course offering.
2. Providers must designate **one** person as the authorized provider official. This person will be the individual responsible for the provider's compliance with the continuing education regulations, including but not limited to obtaining provider approval, course approval, verifying instructor qualifications, providing course schedules, monitoring course attendance, administering examinations, responsible for Department's Education Provider Portal accounts, submitting course rosters and fees to the Department and providing any other documents required by the Department. The authorized provider official must supply and maintain an accurate email address which will be used as the primary source of communication with the provider.
3. Providers **MUST** use the identification numbers assigned by the Department for all provider and course documents, rosters, schedules and completion certificates.
4. The approval of a providers and courses shall be from the date of approval through December 31st of the same year in which approval was granted. Providers and courses must be renewed annually thereafter.
5. PSI will send renewal notifications to providers no later than September 30th each year. All requests for provider and course renewals must be completed and returned to PSI no later than November 30th each year.
6. Any provider who does not timely renew and whose authority has expired must submit a new provider and course application(s) and required attachments before offering or holding any course(s) after the expiration date.
7. A provider must not represent that they have been approved to offer CE courses in Ohio until written approval has been issued.
8. In advertising or promoting itself or any of its courses, a provider shall not make any representation or statement that is false, deceptive or misleading.
9. If several courses are offered together, all advertising and promotional materials must separately identify each approved course, the respective number of CE credit hours for each course approval, and the topic for which each course is approved.
10. A provider's refund policy must be clearly and conspicuously disclosed in all advertising and on all printed promotional materials.
11. Providers must comply with the Equal Employment Opportunity and Americans with Disabilities Act.
12. Providers must make their course materials (outlines, syllabi, handouts, etc.) available to students.
13. All instructors must meet the minimum requirements as outlined on page 9. Providers shall be prepared to provide evidence of such qualifications to the Department, or its designee, upon request.
14. Providers must submit the date, time and location of each classroom or distance learning course through the Department's Education Provider Portal at least 10 days prior to course presentation/offering. The provider must immediately notify the Department of any course cancellation or any changes in the date, time and/or location. Please refer to page 41 for more information regarding the Education Provider Portal.
15. **Providers MAY NOT collect or maintain records of Social Security numbers of students for CE purposes. The student's National Producer Number (NPN) MUST be obtained for submitting course completion rosters.**
16. Providers must maintain accurate attendance records for each course, including the exact time of arrival and

departure for each attendee, agent name, signature and National Producer Number (NPN). Only students meeting minimum attendance requirements may receive credit for course completion.

17. In addition to the NPN and agent name, providers must obtain the following information during registration:
 - Attestation from each agent that they will complete the course themselves and without improper assistance of others; and
 - Agent's signature. Electronic signature is acceptable.
18. Providers are required to report course completion rosters within 15 calendar days of course completion using the Department's Education Provider Portal. The roster must include the name and National Producer Number (NPN) of each student and the number of requested credits per student. Please refer to page 41 for more information regarding the Education Provider Portal.
19. Agents will earn credit only once for a course completed in the same renewal cycle regardless of the number of times the same course is taken. However, the agent may take the same course again and receive credit once in a subsequent compliance period. The provider is still responsible for submitting duplicate course completions to the Department but course hours must be entered as zero (0).
20. Providers must distribute course completion certificates to all individuals who meet the requirements of the CE course within 10 days of the conclusion of a course.
21. All course completion certificates must contain the following information (See sample of a course completion certificate on page 40):
 - Student name and National Producer Number (NPN);
 - Course name and identification number;
 - Date the course was completed or date the association credit activity was earned;
 - Number of credit hours completed by each student;
 - Provider name and identification number; and
 - Signature of a provider representative. (Provider signature may be facsimile stamp, electronic, or wet signature.)
22. The course completion date for association membership credit shall be based on the date the provider received a written request from an agent requesting association membership credit pursuant to Ohio Administrative Code 3901-5-01 or the date of the association activity, whichever is later. Providers approved to offer CE credit for association membership shall not submit association membership credit based on an agent's act of joining the local, regional, state or national professional insurance association.
23. Providers must be able to verify who attended and completed each course for a minimum of four years following the completion of a course.
24. Providers must keep all records pertaining to their Ohio CE activities for a minimum of four years.
25. Providers approved to issue association membership credit must be able to verify active participation by those members granted such credit for a minimum of four years following the completion of the calendar year in which credit was granted.
26. The Superintendent, PSI and/or its designees may audit a provider's records and courses at any time, without prior notice. An audit may include, but is not limited to, classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters and other aspects of instruction. Providers must not interfere with auditors while they are conducting or attempting to conduct an audit. Audits will be conducted with a minimum of disruptions. Providers agree that auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant PSI and the Department the right to audit and/or inspect these records at the premises of the provider or at the physical location of these records.
27. By applying to be a provider offering CE courses in Ohio, the provider must read and understand the laws and regulations of this state. Review Ohio Revised Code [3905.481](#) and the following Ohio Administrative Codes [3901-5-01](#), [3901-5-02](#), [3901-5-03](#), [3901-5-04](#), [3901-5-05](#), [3901-5-06](#), and [3901-5-09](#).
28. A list of approved providers is available at www.insurance.ohio.gov.

Ohio Department of Insurance Continuing Education Program

Instructions for Completing the Ohio Provider Application

Provider Name

Print or type the full legal name of the organization.

Address

Physical Address: Provide the complete physical street address, including ZIP code, of the location at which continuing education records will be maintained. The physical location may not be a post office box.

Mailing Address: Include the provider's mailing address if it is different than the physical address. Mailing address may be a post office box.

Contact Information (Phone number, Fax number and Email address)

Include the phone number, including the area code, for students to contact the organization. Also provide a fax number and e-mail address.

FEIN

Include the provider's Federal Employer Identification Number.

Provider Website Address

Include the provider's URL.

Names and Titles of Owners or Officers

List the name and title of each individual who has a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a 10 percent or greater interest.

Type of Organization

Check the type that best describes your organization. The "Other" category is intended to cover organizations that do not fit into the listed categories. If you use the "Other" category, briefly describe your organization.

Previous Names and Locations

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies for which the proprietor or any partner has been a proprietor, partner or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of the voting stock, please list all training companies for which any of these owners has been proprietor, partner or has held at least 50 percent of the voting stock.

Fee Option

Select one of the following fee options:

- Flat fee \$1,000 annually with unlimited course submissions
- Individual fee \$100 per provider and \$40 per course annually
- Limited fee \$25 per provider and \$25 per course annually with a limit of 3 courses of no more than 3 credits each

Providers must elect their fee option status at the start of each year; if a provider changes its fee option status during the year and a different fee is due, the new fee will be in addition to previous payments with no credit for the prior payments.

Providers may use the Fee Worksheet on page 35 to prepare payment.

Authorized Provider Official

Provide the name and title of **one** individual with whom we should communicate for all business matters. This person must have the authority to execute agreements on behalf of the provider. The authorized provider official is the individual responsible for the provider's compliance with Ohio's continuing education regulations as outlined on page 4.

Facsimile Signature

You may provide a facsimile signature stamp for the Authorized Provider Official here if you intend to use a signature stamp for course applications, roster submissions and course completion certificates.

Provider Official Contact Information

Provide the phone number, including the area code, and email address where the Department or PSI may contact the Authorized Provider Official.

Signature/Certification

The Authorized Provider Official must sign the provider application, certifying that the applying organization will abide by all Ohio laws and Department of Insurance regulations, policies and guidelines regarding insurance continuing education.

Submission

Submit all application packets to PSI Services by either uploading application packet online or through trackable courier. For questions/inquires you may call 1877-526-6833 or you can send all emails to ohins-processing@psionline.com.

Provider Application through Website :

Submit the completed provider application packet to <https://www.pSIONlinestore.com/ohio-insurance-ce-provider-application/>. Payment will be made using a credit card or debit card (American Express, Visa or MasterCard)

Provider Application by Mail:

Submit the completed provider approval application and the appropriate fee in the form of a company check, cashier's check, or money order to:

**PSI Services
Attn: Continuing Education Dept.
3210 E. Tropicana Ave.
Las Vegas, NV. 89142**

If the provider submits an incomplete application, the application will be returned with a letter indicating the areas that must be addressed. If the requested information is not received by the response due date, the filing will be considered abandoned. **All fees are non-refundable and non-transferable.**

Ohio Department of Insurance Continuing Education Program

Ohio Provider Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name		Leave Blank
Physical Address		
City	State	ZIP Code
Mailing Address		
City	State	Zip Code
Provider Phone #:	Fax #:	Provider E-mail Address:
Federal Employer Identification Number (FEIN):		Provider Website Address: www.
Names and Titles of Owners or Officers: <u>Name</u>		<u>Title</u>
Type of Organization: (check one) <input type="checkbox"/> Professional Organization <input type="checkbox"/> Training Company <input type="checkbox"/> Other <input type="checkbox"/> Insurance Agency/Brokerage/Wholesaler <input type="checkbox"/> College/University/Tech <input type="checkbox"/> Insurance Company		
Have you operated under any other name? Yes No If yes, provide previous names:		Fee option (see instructions for details): <input type="checkbox"/> Flat fee <input type="checkbox"/> Individual Fee <input type="checkbox"/> Limited Fee
Authorized Provider Official Section		
Authorized Provider Official Name:		Facsimile Signature Stamp of Provider Official (<i>optional</i>)
Authorized Provider Official Phone #:		Authorized Provider Official E-mail Address:
_____ Provider Official's Signature		_____ Date of Signature

Ohio Department of Insurance Continuing Education

Course Information

These requirements have been adopted by the Ohio Department of Insurance. See Page 44 for information about violations and penalties.

General Course Information and Requirements

1. PSI will review course applications within 30 calendar days of receipt. Therefore, providers are encouraged to submit completed course applications at least 30 calendar days in advance of the initial course offering.
2. Credit(s) will only be awarded to agents for courses that have been approved for Ohio continuing education purposes.
3. Each course must be a minimum of one credit hour and in increments of whole or one-half credit hours. No course will be approved for more than 21 credit hours.
4. Fifty minutes will qualify for one CE credit hour. Breaks, introductions, lunches, announcements or other non-instruction time do not qualify for CE credit. (if introductions and Q&A's are on outline, they must contain specificity)
5. No misleading course titles. The title may not cause an individual to believe the course is approved for a course topic other than what it has been approved for.
6. A course must be offered and presented as approved. Providers may not change a course's content or outline without prior written approval. Failure to obtain written approval in advance of the course may result in a denial of CE credit for the course.
7. No course may be advertised or otherwise promoted as appropriate for Ohio CE credit until it has been approved in writing. If a course application has been submitted, but approval not yet granted, all promotional materials must clearly state that the course may be denied or approved for fewer credits than requested.
8. Promotional or advertising material to be used must be submitted with the course application. The advertisement shall include:
 - Provider name and course title as they appear on the application;
 - Number of Ohio-approved CE credit hours;
 - Approved course topic
 - If exam is required in order to receive CE credit;
 - No guarantees that the student will pass a required exam;
 - Level of course difficulty (basic, intermediate or advanced);
 - No false, deceptive or misleading statements; and
 - The provider's refund policy.
9. The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Providers must provide evidence of such qualifications to the Department upon request. Instructor information does not need to be submitted to PSI for approval. Instructors must meet one of the following qualifications:
 - Hold a post-graduate degree in insurance or a related field or one of the following professional designations: CLU, ChFC, FLMI, LUTCF, CPCU, CIC, RHU, or REBC; or
 - Have four years of experience as a full-time employee or licensed agent interpreting or explaining insurance policy contracts and in addition, hold one of the following designations: CEBS, CLTC, CSA, LUTC Graduate, FIC, AU, INS, AAI, AIC, ARM, AIPA, AIM, ALCM, APA, ARP, AIAF, AMIM, AAM, ARE,
 - or AFSB or holds an associate's or bachelor's degree with a specialization in insurance; or
 - Have seven years of relevant experience.
 - Instructors must be knowledgeable in the subject that they teach.
 - Any person who has had administrative action taken against a professional license or registration shall disclose such action to the provider prior to instructing a course. If the provider wants to use this person as an instructor, the provider must notify the Department

immediately upon receipt of such information. This person shall be ineligible to serve as an instructor unless written approval has been granted by the Department.

10. A list of approved courses is available at www.insurance.ohio.gov.

11. After a course has been approved for at least four years, a full review of the course may be required. This full review may include the submission of a new course application, course outline, and other course application documents and information. This may result in a new course number, change in approved topic, or number of approved credit hours.

Course Selection Guidelines and Definitions

12. Insurance Topics and Course Concentration:

Only one type of course concentration may be selected per application. Multiple applications must be submitted if a course training session includes more than one type of course concentration.

General

Course concentration that is all encompassing. Covers topics related to insurance industry that are not specifically singled out by Ohio law, such as ethics, title, etc. Courses related to the business of life, health, property, casualty, etc. as well as insurance law are examples of course topics that fall under this concentration type.

Ethics

Course that reinforces an agent's ethical competence, contributes to an agent's understanding of the complexities of ethical decision making in the insurance industry, and provides tools to help an insurance professional identify, prevent and constructively resolve ethical dilemmas.

Examples of acceptable ethics topics include, but are not limited to: Code of Ethics or Professional Ethics, Ethical Decisions, Professional Judgment, Business Ethics, Ethics regarding Senior Citizens, Unethical Sales, Foundations of Professional Ethics, Fundamental Principles in Ethics, Duty & Respect, Morality or Right vs. Wrong Decisions, Honesty, Fairness, Professional Competence, Unfair Trade Practices, Components of Ethical Systems, Due Diligence, Consequences of Unethical Behavior, Moral Reasoning, Core Values, Ethics and the Law, Cheating, Corruption, Corporate or Individual Criminal Behavior, Consumer protection and Insurance Fraud.

Title

Course specifically related to title business.

Bail Bond

Course specifically related to bail bond business.

LTC-4

Course that meets the refresher long-term care insurance guidelines as required by [Ohio Revised Code 3923.443](#).

LTC-8

Course that meets the initial long-term care insurance guidelines as required by [Ohio Revised Code 3923.443](#).

Annuity Best Interest

Course that meets the annuity-specific education guidelines as required by [Ohio Administrative Code 3901-6-13](#).

NFIP Flood

Course that meets the Federal Emergency Management Agency's ("[FEMA](#)") National Flood Insurance Program "NFIP" training requirement necessary for agents to sell flood insurance.

Viatical Settlement

Course specifically related to Viatical/life settlements and Viatical/life transactions as required by [Ohio Administrative Code 3901-9-03](#).

13. Course Difficulty Levels:

- **Basic** is a course designed for entry level agents or agents new to the subject matter.
- **intermediate** is a course designed for agents who have existing competence in the subject area and who seek to further develop and apply their skills.
- **Advanced** is a course designed for agents who have a strong foundation and a high level of competence in the subject matter.

14. Course Instruction Methods:

- **Classroom** means course activities occurring in real time at a specific time, date and place and delivered in person, such as, but not limited to, a seminar or workshop by a qualified instructor. Classroom courses do not require an examination, but attendance must be monitored by use of sign-in/sign-out sheets.
- **Distance Learning** means the method of instruction delivered in real time and presented by a qualified instructor in which the agent and instructor are in different physical locations and interact with each other through various methods of telecommunication including, but not limited to, video/teleconference, internet conference, virtual class or **webinar**.
- **Self-Study (Interactive and Non-interactive)** means the method of instruction that is delivered or presented without an instructor, and which does not require a student to attend an organized class but does require the passage of an examination and/or frequent interaction with courseware as a condition of progressing through the course material. Self-study courses can be interactive or non-interactive. This includes, but is not limited to, correspondence, online, video, audio, CD or DVD.

Qualifying Course Topics and Requirements

15. For courses/programs of instruction to qualify for approval, they must:

- Contribute to the professional competence of an agent.
- Have significant intellectual or practical content to enhance and improve the insurance knowledge of the participants.
- Offer knowledge to the benefit or protection of the consumer.
- Course outline must include obvious connection to insurance. Implied connection will not be accepted; Be offered by an approved provider.
- Be submitted using the appropriate application form and with the appropriate fee for each course; Use the most recent forms filed in Ohio, editions and laws to the extent possible.
- Include methods which will be employed by the provider for the improvement of the course; Include a bibliography of reference sources; and
- Meet all other Ohio CE laws.

16. The following subjects/topics may/may not qualify for CE credit approval:

- The subjects/topics provided in the below sections are not all inclusive. Providers are encouraged to provide as much information as possible to prove that their course topic relates to the business of insurance.

The following subjects/topics may qualify:

1. Actuarial mathematics, statistics and probability – in relation to insurance
2. Assigned risk – in relation to insurance
3. Claims adjusting and procedures
4. Courses leading to and maintaining insurance designations
5. Employee benefit plans – in relation to insurance
6. Errors and omissions – in relation to insurance
7. Estate planning/taxation – in relation to insurance
8. Ethics – in relation to insurance
9. Financial planning – in relation to insurance
10. Fundamentals/principles of insurance (including but not limited to: annuities, crop and hail, life, accident and health, property/casualty [P/C], etc.)
11. Fundamentals/principles of Title insurance
12. Insurance accounting/actuarial considerations
13. Insurance contract/policy comparison and analysis
14. Insurance fraud
15. Insurance laws, rules, regulations and regulatory updates
16. Insurance policy provisions
17. Insurance product-specific knowledge
18. Insurance rating/underwriting/claims
19. Insurance tax laws
20. Legal principles – in relation to insurance
21. Long-term care/partnership
22. Loss prevention, control and mitigation – in relation to insurance
23. Managed care
24. Principles of risk management – in relation to insurance
25. Proper uses of insurance products
26. Real Estate Settlement Procedures Act (RESPA) – in relation to insurance
27. Restoration – addresses claims, loss control issues and mitigation – in relation to insurance
28. Retirement planning – in relation to insurance
29. Securities – in relation to insurance
30. Suitability in insurance products
31. Surety bail bond
32. Underwriting principles – in relation to insurance
33. Viatical/life settlements – in relation to insurance

Other topics that contribute substantive knowledge relating to the field of insurance and expands the competence of the licensee.

The following subjects/topics may not qualify

1. Clerical functions
2. Computer science
3. Computer training/skills or software presentations
4. Courses on investments – stocks, bonds, mutual funds, Financial Industry Regulatory Authority (FINRA)/U.S. Securities and Exchange Commission (SEC) compliance (National Association of Securities Dealers [NASD]/SEC), etc.
5. Courses that are primarily intended to impart knowledge of specific products of specific insurers
6. Customer service
7. General management training
8. Goal-setting
9. Health/stress/exercise management
10. Marketing/telemarketing
11. Motivational training
12. Company and vendor-specific product launches
13. Office skills or equipment or procedures
14. Organizational procedures and internal policies of an individual insurer
15. Personal improvement
16. Prospecting
17. Psychology
18. Recruiting
19. Relationship building
20. Restoration – promoting products or services
21. Sales training
22. Service standards or service vendors
23. Time management

Other topics or courses not related to insurance knowledge or competence of the licensee.

Classroom Courses

1. Providers must inform the Department of the date, time and location of each classroom course at least 10 days prior to course presentation. The provider must immediately notify the Department of course cancellation or any changes in the date, time and/or location.
2. A sign-in/sign-out sheet is required for all classroom courses. The attendance sheet must include the course name and number, the date and time of the offering and the exact time of arrival and departure of each attendee along with each attendee's signature and National Producer Number. Break-out sessions must have separate sign-in/sign-out sheets, if all sessions not approved. A sample sign-in/sign-out sheet may be found at the end of this packet.
3. Partial credit may be awarded for partial attendance of a classroom course at the discretion of the provider. Rosters must include the student's name, NPN and the number of credits to be awarded. The course participation fee must be paid as if the student attended the entire class. Credits must be rounded down and in one-hour increments. The provider's refund policy must disclose the policy on partial credit. A provider is not required to provide partial credits.
4. Students attending classroom courses in preparation for a professional designation exam may receive credit for either the classroom hours or exam, but not both.
5. Utilize only instructors who are qualified according to Ohio's instructor guidelines. See page 9 for the minimum qualifications.
6. CE credit may be awarded for organization or association meetings. An approved Ohio CE provider that is affiliated with a national association or organization may file a course application and submit rosters for annual association meetings conducted by the national (not local) association or organization. The following requirements apply:
 - The course application must be submitted before the meeting.

- The provider shall determine the method of attendance verification.
- No course application fee will be charged but the roster fees must be paid.

Distance Learning Courses

1. The title of the course must clearly state that it is a distance learning course.
2. Providers must inform the Department of the date, time and location of each distance-learning course at least 10 days prior to course presentation.
3. The provider must immediately notify the Department of course cancellation or any changes in the date, time and/or location.
4. Must be designed such that students actively participate in the instructional process by utilizing techniques that require substantial student interaction with the instructor, other students or a computer program. The course design must not permit the students to sit passively and observe instruction or read instructional material.
5. Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course.
6. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness.
7. The provider must have a representative who monitors attendance throughout the course and that the student receiving the continuing education credit actually performed all of the work required to satisfactorily complete the course. When a student is deemed inactive or not fully participating, credit must be denied. The provider must inform each student in advance of course participation requirements and the consequences for failing to actively participate in the course.
8. Utilize only instructors who are qualified according to Ohio's instructor guidelines. Students must be able to interact in real time with qualified instructor(s). See page 9 for the minimum instructor qualifications.
9. Have appropriate instructor and technical support to enable students to satisfactorily complete the course. The provider must maintain an electronic roster to include records for each student's log-in/log-out times. Chat history and interactive responses should be captured as part of the electronic records.
10. Utilize procedures that provide reasonable assurance of student identity and that the student receiving the CE credit actually performed all the work required to successfully complete the course. A provider may administer exams to agents for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an exam shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an exam.
11. Provider must provide students with an orientation or information package that contains all necessary information about the course subject matter and learning objective; procedures and requirements for satisfactory course completion, special requirements with regard to computer hardware and software or other equipment; and the availability of instructor or technical support.
12. **No partial credit shall be granted for courses approved as a distance-learning course.**

Self-Study - Non-Interactive Courses

1. Non-interactive self-study courses must include a non-proctored final examination.
2. All course materials, including each version of the proposed final examination(s) and answer key, are required to be submitted with the application. Credit hours will be determined by the estimated time it will take a student to study the material, adjusted by the percent of the course content that is acceptable as CE.
 - Self-study exams must contain at least 10 questions for each hour requested;
 - All questions must be in the form of four-alternative multiple choice format;
 - Multiple choice options must have only one correct response;
 - Multiple choice answers must be grammatically consistent and parallel in form to eliminate obviously wrong answers;
 - No correct answer to one question shall provide a clue to the correct answer or any other questions in the chapter/section questions or final examination;
 - Questions shall be clearly written;
 - Questions shall adequately cover the course material set out in the course outline;
 - Answers to the questions shall not be in a discernible pattern; and
 - Final exam questions must not duplicate any unit/chapter questions.
3. A self-study course that includes a final examination shall have at least enough questions to fashion a minimum of two versions with at least 50% of the questions being new/different in each subsequent version.
4. The provider shall require each student to enroll in and pay for the course before having access to the course material.
5. A provider shall prevent access to the course unit/chapter questions and final exam before the student reviews the course materials.
6. A provider shall prevent downloading and printing of any course unit/chapter question and final exam.
7. Non-interactive self-study courses must include a non-proctored examination at a site approved by the provider to receive credit, only upon course completion.
8. Providers must be able to prevent the issuance of a student affidavit until the course and course examination is successfully completed. Affidavits may be administered and signed electronically.
9. **Credit may only be allowed if the student receives a grade of 70 percent or greater on the examination.** The completion date for a self-study course will be the date the exam was graded by the CE provider.
10. Details on how the examination materials are to be returned to the provider must be included in the instructions.
11. Providers offering self-study courses must have qualified instructors available to respond to questions within 48 hours by telephone or email.
12. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. The same affidavit requirement for students is in effect. Providers must provide PSI with the means to verify the exam procedures.

Self-Study - Interactive Online Courses

1. Interactive Online courses are, by definition, only presented on the Internet and do not require a final exam. In addition to providing PSI with the means to view the course online, you must submit all study materials with the course approval application. The materials may be in the form of paper, diskette, CD or other electronic medium. This course type does not require an exam.

Your course submission should include documentation showing how the course meets the basic requirements, including:

- Provide viewing access to the online course at all times to the Department and PSI.
 - Provide course outline and justification as to the number of credits requested for the course in accordance with Rule 3901-5-03.
 - The number of questions that appear at the end of each chapter or section.
 - A sample of the questions.
 - References from the questions back to the text, if requested, and the answer key.
2. The basic requirements for an interactive online self-study course include:
 - Be designed to prevent the student from completing the course in a time unreasonably short when compared to the credit hour total approved for the course.
 - Be available 24 hours per day, 7 days per week. Minimal down time for updating and administration will be permitted.
 - Provide clear instructions on how to navigate through the course.
 - Provide a series of questions after each unit/chapter. All questions must be answered correctly prior to proceeding to the next unit/chapter. The material can be reviewed while answering questions.
 - Include reinforcement response when a question is answered correctly (e.g. pop-up screen).
 - Include a response when a question is answered incorrectly.
 - Examples are:
 - Respond with the correct answer and explanation in a pop-up screen;
 - Reference back to the section/screen of the question; etc.
 - Have the ability to go back and review any unit at any time.
 - Provide automatic bookmarking at any point in the course.
 - Provide a course evaluation at the end of the course. The evaluation should include:
 - What the student thinks about the online method of learning?
 - What the student liked the most about online learning?
 - What the student disliked the most about online learning?
 - Would the student recommend online study to others?
 - Open-ended comments/questions.
 - Include information as to the minimum system requirements.
 - Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.
 - Provide some type of encryption. All personal information, including credit card number, name and address of the student must be encrypted so that the information cannot be read as it passes across the internet.
 - Inform the student as to the period of time that the course is accessible from the date of purchase and include a disclaimer that “the course is approved only until December 31, xxxx.” (This date may be updated upon renewal of the provider and the course.)
 - Provide a completion certificate when a course is completed and the provider verified the completion. Electronic certificates are sufficient.
 - Students must affirm that they, and only they, completed the course.
 - include the ability to contact an instructor (i.e. automated e-mail).
 3. Desirable items, but not mandatory:
 - Include a high level of interactivity (clicking on paths and navigation through an instructional sequence is not representative of interactivity).
 - Include graphics that reinforce the content.

Professional Association Membership Credit

1. A local, regional, state or national professional insurance association that is an approved provider pursuant to Ohio Administrative Code 3901-5-02 may file a course application and roster for association membership credit.
2. The provider must file for approval of a course number to be shown on all certificates issued for association membership credit prior to any participation activity that may result in association membership credit being offered.
3. The local, regional, state or national professional insurance association must meet, at a minimum, the following guidelines:
 - Must be organized as an association or corporation under state law;
 - Must be based on paid memberships which renew annually or biennially for an additional membership fee;
 - Must be organized for the express purpose of promoting the interests of insurance licensees or a class of insurance licensees;
 - Local and regional associations must have been in existence for at least 7 years prior to applying for course approval to offer association membership credit. State and national associations must have been in existence for at least 5 years prior to applying for course approval to offer association membership credit;
 - Must have been formed for purposes other than providing CE credits to meet state educational requirements;
 - Must have an active membership base of at least 150 individually licensed insurance agents who are dues paying members of the association;
 - Must submit a course application on a form prescribed by the Department and shall include the appropriate fee based on the fee option selected on the application. Course approval shall be authorized from the date of approval until December 31st of the same year in which the course was approved;
 - The course must be renewed on an annual basis in order for the provider to continue offering association membership credit. An application for renewal shall be made no later than November 30th each year on a form prescribed by the Department and shall include the appropriate fee based on the fee option selected on the renewal application.
4. The method of verification of qualified participation activity shall be determined by the provider.
5. The association is responsible for determining if participation in a meeting, program or affiliation qualifies for association credit and for the number of appropriate association credits earned. If the association determines that a requested activity does not qualify for association membership credit, the provider shall send a letter to the licensee within 10 calendar days of the decision with an explanation as to why credit was not granted.
6. The provider shall submit association membership credit requests to the Department on a form prescribed by the Department pursuant to the requirements of [Ohio Administrative Code 3901-5-04](#).
7. An agent may earn up to four CE credits per renewal cycle for membership and active participation in local, regional, state or national professional insurance associations.

Samples of Acceptable and Unacceptable Course Outlines

ACCEPTABLE COURSE OUTLINE

Course Title: DIRECTORS AND OFFICERS LIABILITY

25 minutes 8:30 - 8:55

- I. Recent history of D&O liability exposure
 - A. Trends in D&O claim frequency and severity
 - B. Major problem areas
 - 1. Federal securities laws
 - 2. Mergers/acquisitions
 - 3. Pollution claims
 - 4. Financial institutions claims
 - 5. Third-party claims
 - C. Recent large settlements and judgments

25 minutes 8:55 - 9:20

- II. Legal concepts underlying the D&O exposure
 - A. Basic legal duties of Directors and Officers
 - 1. Duty of obedience
 - 2. Duty of loyalty
 - 3. Duty of care
 - B. To whom duties are owed
 - C. Common defenses
 - D. Recent legislation limiting director liability

9:20 – 9:30 BREAK

50 minutes 9:30 - 10:20

- III. Common exclusions
 - A. Public policy exclusions
 - 1. Dishonesty
 - 2. Gaining an illegal profit or advantage
 - 3. Section 16(b) of the Securities Exchange Act
 - 4. Return of excessive remuneration
 - B. Intended to be covered elsewhere
 - 1. Libel and slander
 - 2. Nuclear energy
 - 3. Employment practice

10:20 – 10:30 BREAK

50 minutes 10:30 - 11:20

- IV. Case study
 - Review of ABC Corporation's stockholder lawsuit alleging mismanagement by the corporation's board of directors and senior management. Study includes review of facts, company's defense and participation in defense by the insurer.

Reasons for acceptability:

1. Sufficient detail on subject matter covered.
2. Sufficient detail on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline. Ten minutes per hour of instruction are recommended.
5. Case study is described. It is useful to include the case study materials with the outline

SAMPLE UNACCEPTABLE COURSE OUTLINE

Course Title: ADVANCED WORKERS COMPENSATION SEMINAR

8:00 a.m. – noon

- I. Introduction
- II. Policy coverages
 - A. Benefits to injured workers
 - B. Employer liability

- III. Writing workers' compensation coverages with Middle Atlantic Life and Casualty
 - A. Sales support to agents
 - B. Price and service comparisons to competitors

Working luncheon

- IV. Use of technology by agents to service clients
 - A. Wonder Wizard Claim Reporting Software
 - B. Visit the Middle Atlantic Life and Casualty interactive Web site

Noon – 1:00 p.m.

- V. Reserving

1:00 p.m. – 4:00 p.m. VI. Loss control activities

- VII. Case studies
- VIII. Panel discussion with experts

Deficiencies in this outline:

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

PSI will not approve any course that uses material found to contain significant or numerous errors. The goal is to ensure that only correct information is presented to students.

Ohio Department of Insurance Continuing Education

Application Selection Guidelines

Providers can apply for Ohio CE course approval using one of the following three application forms. The description provided under each application type explains the proper form to use based on specific criteria.

Ohio Course Application (OHC-01)

Most providers use this course application to apply for Ohio CE course approval. Any organization wanting Ohio CE course approval can use this course application.

Applications instructions are found on Page 21.

NAIC Uniform Continuing Education Reciprocity Course Filing Form

Ohio participates in the NAIC CE Reciprocity Agreement. Only providers NOT domiciled in Ohio may use this application form. Prior to applying in Ohio, the provider must obtain CE course approval for the same course in their domiciled state.

Applications instructions are found on Page 24.

Ohio CE Association Membership Credit Application (INS3207)

Local, regional, state or national professional insurance associations may use this course application to apply for specialized CE course approval to obtain CE credit for member's active participation in the following activities:

- (i) Attending a formal meeting or a formal business program hosted by a local, regional, state or national professional insurance association where attendance is verified;
- (ii) Serving on and actively participating in a local, regional, state or national board or committee in affiliation with the local, regional, state or national professional insurance association; or
- (iii) Participating in industry, regulatory or legislative meetings held by or on behalf of a local, regional, state or national professional insurance association.

Ohio Department of Insurance Continuing Education Program

Instructions for Completing the Ohio Course Application

Provider Name

Print or type the full legal name of the organization providing the course.

Provider Number

Enter the provider number assigned to your organization by PSI. If you do not have a PSI provider number, leave this space blank.

Course Title

List the course name (maximum 40 characters). Course name must not be misleading and should represent the basic course content. If applying under the instruction method of distance learning, the title of the course must clearly state that it is a distance-learning course.

Course Number

Leave blank; PSI will assign a number.

Course Concentration

Indicate which line of concentration this course will cover. Courses may not be approved for more than one line of concentration per application. Additional details on course concentration can be found on page 11.

Fee Option

Select one of the following fee options (Use the optional Fee Worksheet on page 35 to prepare your payment):

- Flat fee \$1,000 annually with unlimited course submissions
- Individual fee \$100 per provider and \$40 per course annually
- Limited fee \$25 per provider and \$25 per course annually with a limit of 3 courses of no more than 3 credits each

Providers must elect their fee option status at the start of each year; if a provider changes its fee option status during the year and a different fee is due, the new fee will be in addition to previous payments with no credit for the prior payments.

Number of Credit Hours Requested

Enter the total number of hours being requested. Each course must be a minimum of one credit hour and shall be in increments of whole or one-half credit hours.

Method of Instruction

Ohio law allows for 3 separate course types, Classroom, Distance Learning and Self-Study. Select the appropriate method under which the course will be taught or administered. Additional details on course methods of instruction can be found on page 11.

Course Difficulty

Select level of difficulty level of the course based on the definitions which can be found on page 11.

Open to the Public

Indicate if this course will be open to the public.

National Insurance Designation

Indicate if the course is part of a national insurance designation program. National course is a program of instruction that leads to a national professional designation or is a course offered to individuals who must update their designation once it is earned.

Prior Course Approval

Indicate whether PSI has previously approved this course in Ohio or another state and, if applicable, provide

the PSI-issued course number.

Attachments

In addition to the course application, all course applications **must** include the following required attachments below (see checklist pg.)

- Provide the purpose or objective of the course;
- Explain how the course material will increase the knowledge of insurance and related subjects for the participants;
- Attach a comprehensive course outline and bibliography;
 - Provide details of what will be taught. Annotate the outline to provide the information necessary to evaluate the course properly. Specifically:
 1. Specify the material to be covered in each time component. List the minutes of instruction devoted to each component. The total number of minutes should equal the length of the course.
 2. If it is a multiple-session designation course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
 3. Include case studies with the outline, if used. Credit will not be assigned for case studies without detail.
 4. Specify any components included on the outline for which you are not requesting credit. Also specify any components that include a sales or marketing element.
- Additional course method requirements:
 - **Classroom (Seminar) and Distance Learning (Webinar/Teleconference):** The detailed outline must indicate the number of minutes of instruction that will be offered for each section and the method of presentation. The total number of minutes should equal the length of the course. Must also provide criteria used in selecting instructors.
 - **Self-Study (Non-Interactive):** Include study materials, number of questions which will appear on the student's exam, exam procedures and sample exam with answer key.
 - **Self-Study (Interactive):** Include study materials, access to view course online, number of questions that appear at the end of each chapter or section, a sample of the questions and the answer key for the sample questions.
- Method(s) utilized to provide reasonable assurance of the participant's identity;
- Method(s) utilized to verify participant's attendance, completion, or participation of the course;
- Course Tuition and Refund policy; and
- Promotional materials.

Certification

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable Department policies and guidelines and Ohio statutes and regulations.

Submission

Submit all application packets to PSI Services by either uploading application packet online or through trackable courier. See checklist. For questions/inquires you may call 1877-526-6833 or you can send all emails to ohins-processing@psionline.com.

Course Application through Website :

Submit the completed provider application packet to <https://www.pSIONlinestore.com/ohio-insurance-ce-course-application/> Payment will be made using a credit card or debit card (American Express, Visa or MasterCard)

Course Application by Mail:

Submit the completed provider approval application and the appropriate fee in the form of a company check, cashier's check, or money order to:

**PSI Services
Attn: Continuing Education Dept.
3210 E. Tropicana Ave.
Las Vegas, NV. 89142**

If the provider submits an incomplete application, the application will be returned with a letter indicating the areas that must be addressed. If the requested information is not received by the response due date, the filing will be considered abandoned. **All fees are non-refundable and non-transferable.**

Ohio Department of Insurance Continuing Education
Program

Ohio CE Course Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED

Provider Name		Provider Number	
Course Title (maximum 40 characters)		Course Number (Leave Blank)	
Course Concentration: (Check one) <input type="checkbox"/> General <input type="checkbox"/> Title <input type="checkbox"/> Bail Bond <input type="checkbox"/> Ethics <input type="checkbox"/> Viatical Settlement <input type="checkbox"/> LTC-4 <input type="checkbox"/> LTC-8 <input type="checkbox"/> NFIP Flood <input type="checkbox"/> Annuity Best Interest-4		Fee option: <input type="checkbox"/> Flat <input type="checkbox"/> Individual <input type="checkbox"/> Limited	Number of credit hours requested:
Method of Instruction: (Choose one method from the options below)			
Classroom: How will this course be taught? <input type="checkbox"/> Lecture <input type="checkbox"/> Seminar/Workshop	Distance Learning: How will this course be taught? <input type="checkbox"/> Webinar <input type="checkbox"/> Virtual Class <input type="checkbox"/> Internet Conference <input type="checkbox"/> Video/Teleconference <input type="checkbox"/> Other _____	Self-Study: How will this course be administered? <input type="checkbox"/> Final Exam <input type="checkbox"/> Online Interactive	
Course Difficulty Level: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
Is this course open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		National Insurance Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Designation type:	
Has this course been previously approved by Psi Services in Ohio or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, provide issued course number.	
Attachments: Refer to course application instructions for list of required attachments that must be submitted with this application. Applications submitted without required attachments will be deemed incomplete and will not be processed until all required information is received.			
I, the undersigned, do hereby certify that all information provided herein is true and correct.			
_____ Printed/Typed Name of Authorized Provider Official	_____ Signature	_____ Date	

Instructions for Completing the NAIC CE Reciprocity Application for Ohio

To obtain Ohio approval, based on NAIC CE reciprocity, you must complete these steps:

1. You must be approved as a provider in your state of domicile.
2. You must have received a course approval document from your state of domicile. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. You must be approved as an Ohio provider. This is a separate application that must be completed before you can apply for course approval. The approval is subject to an annual renewal each calendar year.
4. You must complete the NAIC Uniform Continuing Education Reciprocity Course Filing Form for each course.
5. You must submit a copy of the course approval document from your home state.
6. You must pay the fee according to your provider fee option. See below for further information.
7. You must attach an outline of the approved course. Note: Ohio is not required to accept any topic, provider or instructor that is not eligible for approval under its laws and regulations.
8. Submit applications, outlines, supporting documentation and fees to PSI by either secured email or mail.

Submission

Submit all application packets to PSI Services by either uploading application packet online or through trackable courier. See checklist on pg. For questions/inquires you may call 1877-526-6833 or you can send all emails to ohins-processing@psionline.com.

Course Application through Website :

Submit the completed provider application packet to <https://www.psionlinestore.com/ohio-insurance-ce-provider-application/>. Payment will be made using a credit card or debit card (American Express, Visa or MasterCard)

Course Application by Mail:

Submit the completed provider approval application and the appropriate fee in the form of a company check, cashier's check, or money order to:

PSI Services
Attn: Continuing Education Dept.
3210 E. Tropicana Ave.
Las Vegas, NV. 89142

If the provider submits an incomplete application, the application will be returned with a letter indicating the areas that must be addressed. If the requested information is not received by the response due date, the filing will be considered abandoned. **All fees are non-refundable and non-transferable.**

Fee Option

Select one of the following fee options:

- Flat fee \$1,000 annually with unlimited course submissions
- Individual fee \$100 per provider and \$40 per course annually
- Limited fee \$25 per provider and \$25 per course annually with a limit of 3 courses of no more than 3 credits each



UNIFORM CONTINUING EDUCATION RECIPROCIITY COURSE FILING FORM

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

Provider Information

Provider Name		FEIN # (if applicable)			
Contact Person		E-mail Address of Contact Person			
Phone Number () - ext.	Fax Number () -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address		City	State	Zip	
Submitter Name (if different from provider contact person above)					
Submitter Phone Number		E-mail Address of Submitter			

Course Information

Course Title	
Date of Course Offering (if applicable)	Existing Course Number (if applicable)

Method of Instruction

<u>Non-Contact / Asynchronous*</u>	<u>Contact / Synchronous*</u>
<p>Self – Study</p> <p><input type="checkbox"/> Correspondence</p> <p><input type="checkbox"/> On-Line Training (Self-Study)</p> <p><input type="checkbox"/> Recorded Media</p> <p><input type="checkbox"/> Other _____</p> <p>Word Count _____</p> <p>Mandatory Run-time _____ (Interactive Components of Course)</p>	<p>Classroom</p> <p><input type="checkbox"/> Seminar/Workshop</p> <p><input type="checkbox"/> Other _____</p> <p>Webinar</p> <p><input type="checkbox"/> Virtual Class/Webinar/Video Conference</p> <p><input type="checkbox"/> Other _____</p>

Measurement used for successful completion: Attendance Final Exam Other _____

Is this course open to the public? Yes No

National Designation? Yes No

If yes, Designation Type: _____

Difficulty (Check): Basic Intermediate Advanced

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs Requested by Provider		Hrs Approved by Home State		Hrs Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales /Mktg	Insurance
A. Producer Topics: (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viatical, Annuities, etc.) _____						
Total Hours						
B. Adjuster Topics (Circle Appropriate Course Concentration)						
General						
Workers Comp						
Ethics						
Other _____						
Total Hours						
C. Public Adjuster (Circle Appropriate Course Concentration)						
General						
Ethics						
Other _____						
Total Hours						
Information Below is for Regulator Use Only						
Approval Date						
Course Number assigned						
Course approval expiration date						
Signature of Home State Regulator/Representative OR ATTACH Provider Home State Approval Form						
Signature of Reciprocal State Regulator/Representative OR ATTACH Reciprocal State Approval Form						

INSTRUCTION SHEET

NOTE: This course may NOT be advertised or offered as approved in the state to which application has been made until approval has been received from the insurance department.

1. If you are a PROVIDER filing for approval from the Home State:

- 1.1 Complete all the fields in the "Provider Information" section except "Reciprocal State" and the adjacent "Provider #" fields.
- 1.2 Complete the Course Information Section.
- 1.3 In the "Credit Hours Requested and Course/Hours Decision" section, complete the "Hrs. Requested by Provider" columns, detailing in the respective columns the number of hours for sales – and marketing-related instruction and the number of hours for other insurance-related instruction. Please note the following:
 - 1.3.1 When using this application, which is governed by the NAIC CE Reciprocity Agreement in conjunction with 'states' laws, only whole numbers of credit hours will be approved – partial hours will be eliminated.
 - 1.3.2 States that approve sales/marketing topics will consider the hours in the "sales/Mktg" column and the hours in the "Insurance" column when deciding the number of hours to approve. States that do not permit sales/marketing topics as part of continuing education credit hours will only consider the hours shown in the "Insurance" column when making their credit-hour approval decisions.
 - 1.3.3 Contact the individual state to determine whether there are any state specific requirements for submitting courses.
- 1.4 Submit the application form along with required course materials, a detailed course outline, instructor information, if required, and the required course application fee.

2. If you are a PROVIDER filing for approval from a Reciprocal State:

- 2.1 Make a sufficient number of photocopies of the Home State approval form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.
- 2.2 On each application, write the Reciprocal State and the provider number assigned to you by that state in the "Reciprocal State" and adjacent "Provider #" fields.
- 2.3 Send the CER application, home state approval, if home state issues one, a detailed course outline, and the required fee to the reciprocal state. If this is a National Course *, the Providers will be allowed to submit an agenda that must include date, time, each topic and event location in lieu of a detailed course outline.
- 2.4 Subsequent national course offerings should only be reported for events that are conducted in the "home" state.

* **National Course** is defined as an approved program of instruction in insurance related topics, offered by an approved provider, and leads to a national professional designation or is a course offered to individuals who must update their designation once it is earned.

3. If you are the HOME STATE or designated representative of the Home State:

- 3.1 After reviewing the course materials, complete the "Hrs Approved by Home State" column.
 - 3.1.1 Multiple types of credit and delivery methods can be approved using one CER Form.
- 3.2 Enter the date of approval, course # assigned, course approval expiration date. Sign the CER Form OR attach the home state approval form.
- 3.3 If the course is not approved, note it on the bottom of the CER Form.

4. If you are the RECIPROCAL STATE or designated representative of the Reciprocal State:

- 4.1 After reviewing "Hrs approved by Home State" complete the "Hrs Approved by Reciprocal State".
 - 4.1.1 It is unnecessary for each State to perform a substantive review of continuing education courses that have previously been approved by the Home State.
 - 4.1.2 Reciprocal states cannot award different credits than the home state unless certain aspects are not allowed by state law.
- 4.2 Enter the date of approval, course number assigned, course approval expiration date. Sign the CER Form OR attach the reciprocal state approval form.
- 4.3 If the course is not approved, note it on the bottom of the CER Form.

4.4 The reciprocal state agrees to approve the CER submission within 30 days of receipt.

Substantive Review – A thorough review of the course to confirm compliance with the home state’s applicable laws and regulations for the approval of insurance continuing education. The review includes a determination whether the:

1. Subject matter meets the criteria for insurance education, to include approvable and non-approvable topic guidelines;
2. Provider has procedures for reviewing course material in order to keep it up to date and timely;
3. Course design and instructional strategies are appropriate for the method of delivery;
4. Credit hours are properly calculated based on instruction method;
5. Criteria for completing the course meets the standards applicable to the instruction method.

***Drafting Note:** The instructor information matrix was eliminated in 2018 as this information should be readily available on individual state/jurisdiction websites.

Ohio Department of Insurance Continuing Education Program

Instructions for Completing the Course Application for CE Association Membership Credit

A local, regional, state or national professional insurance association that is an approved provider pursuant to Ohio Administrative Code 3901-5-02 may file a course application and roster for association membership credit. You may not advertise that an agent may receive credit for simply becoming a member of the association.

Provider Name

Print or type the full legal name of the organization providing the course.

Provider Number

Enter the provider number assigned to your organization by PSI.

Number of Credit Hours Requested

Enter the total number of hours being requested. The maximum number of credits allowed is 4.

Fee Option

Select one of the following fee options:

- Flat fee \$1,000 annually with unlimited course submissions
- Individual fee \$100 per provider and \$40 per course annually

Certification

Certify by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that your association has met, at a minimum, all of the following qualifications:

- a) Must be organized as an association or corporation under state law;
- b) Must be based on paid memberships which renew annually or biennially for an additional membership fee;
- c) Must be organized for the express purpose of promoting the interests of insurance licensees or a class of insurance licensees, including those classes based on license type, gender, religious or minority interest;
- d) Must have been in existence for at least five (5) years prior to applying for course approval to offer association membership credit if a state or national association or must have been in existence for at least seven (7) years prior to applying for course approval to offer association membership credit if a local or regional association;
- e) Must have been formed for purposes other than providing CE credits to meet state educational requirements; and
- f) Must have an active membership base of at least 150 individually licensed insurance agents who are dues paying members of the association.

Attachments

1. Proof of organization under Ohio law;
2. Membership requirements; and
3. Association mission statement and purpose of existence.

Submission

Submit all application packets to PSI Services by either uploading application packet online or through trackable courier. See checklist on pg. For questions/inquires you may call 1877-526-6833 or you can send all emails to ohins-processing@psionline.com.

Application through Website :

Submit the completed provider application packet to <https://www.psionlinestore.com/ohio-insurance-ce-provider-application/>.

Application by Mail:

Submit the completed provider approval application and the appropriate fee in the form of a company check, cashier's check, or money order to:

PSI Services

**Attn: Continuing Education Dept.
3210 E. Tropicana Ave.
Las Vegas, NV. 89142**

If the provider submits an incomplete application, the application will be returned with a letter indicating the areas that must be addressed. If the requested information is not received by the response due date, the filing will be considered abandoned. **All fees are non-refundable and non-transferable.**



Department of Insurance

Course Application for CE Association Membership Credit

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2665 | 614-387-0051 (Fax) | insurance.ohio.gov

Provider Name:	Provider Number:
Course Title: Association Membership Credit	Course Number: (leave blank)
Number of Credits:	Fee Option: <input type="checkbox"/> Flat <input type="checkbox"/> Individual

By signing below I certify that the local, regional, state or national professional insurance association has met, at the minimum, the following qualifications:

- (a) Must be organized as an association or corporation under state law;
- (b) Must be based on paid memberships which renew annually or biennially for an additional membership fee.
- (c) Must be organized for the express purpose of promoting the interests of insurance licensees or a class of insurance licensees, including those classes based on license type, gender, religious, or minority interest.
- (d) Must have been in existence for at least five (5) years prior to applying for course approval to offer association membership credit if a state or national association or must have been in existence for at least seven (7) years prior to applying for course approval to offer association membership credit if a local or regional association.
- (e) Must have been formed for purposes other than providing CE credits to meet state educational requirements.
- (f) Must have an active membership base of at least 150 individually licensed insurance agents who are dues paying members of the association.

[Blank box for name]

Print/Typed Name of Authorized Provider Official

[Blank box for date]

Date

Signature of Authorized Provider Official

()

Telephone Number

Attach the following information with this course application:

- Proof of organization under Ohio law
- Membership requirements
- Association's mission statement and purpose of existence

A CE provider may dispute a decision regarding a course or provider application. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Submit an email to PSI requesting a reconsideration of the decision. On the subject line please put "OH INS CE Appeals – Provider # - Course #. In the email please add the reason for the appeals and any additional information or documentation that you think may be needed for reconsideration.

PSI Services: ohins-processing@psionline.com .

2. If the dispute cannot be resolved by email, write to PSI with the reason(s) for disagreement and reconsideration of the decision. Include any supporting documentation and justification. PSI will respond to the request within 15 business days of receipt. Send requests to:

**PSI Service
Attn: Continuing Education Dept.
3210 E. Tropicana Ave
Las Vegas, NV 89121**

3. If you disagree with PSI's response to your written request, you should then address your request, in writing, to the Ohio Department of Insurance. State your reason for disagreeing with PSI's response. Include copies of any correspondence, any supporting documentation and justification. Send your request within 30 days of receiving PSI's response. The Department will respond to the request within 15 days of receipt. Send requests to:

**Ohio Department of Insurance
License Division
Attention: Education Supervisor
50 W. Town Street, Third Floor – Suite 300
Columbus, OH 43215**

Ohio Department of Insurance Continuing Education Program

Requirements for Publication/Course Author Credit

Ohio CE rules provide for the following:

- A person may receive up to 10 hours of CE credit per reporting period for the publication of articles or books authored by such person. Articles and books must deal with matters directly related to the business of insurance. An article must be published in a generally known and recognized state or national publication. The extent to which such credit may be given shall be at the discretion of the superintendent. A request for such credit must be made in writing and must be accompanied by proof of authorship and publication.
- CE credit may be allowed for the authors of written materials used in approved CE courses on a one-time per course basis. The author will be allowed the number of CE credit hours for which the course was approved. If there are multiple authors of the written course materials, no author will receive more than his or her pro rata share as determined by the provider. The total number of hours received by all authors for a course cannot exceed the total number of hours for which the course is approved. A request for such credit must be made in writing and must be accompanied by proof of authorship.
- A person who authors materials for an approved course and teaches the same course in a compliance period may receive credit for authoring the written materials or instructing the course, but not for both activities in any one compliance period.

Ohio Department of Insurance Continuing Education Program

Instructions for Completing the Publication/Course Author Credit Application

Agent Name and National Producer Number (NPN)

Print or type the full legal name and the NPN of the author.

Address

Provide the author's complete physical street address, including ZIP code.

Phone Number

Provide the author's day-time phone number.

Email Address

Provide the author's email address.

Prior Course Approval

Indicate whether PSI has previously approved this course in Ohio or another state and, if applicable, provide the PSI-issued course number.

Course Name

Provide the name of the course.

Course Number

Indicate the course number. If requesting publication credit, leave this space blank.

Chapter or Article Name

Provide the name of the chapter or article.

Publisher and Publication Date

Indicate the publisher and publication date.

Book or Magazine Name

Give the name of the book or magazine.

Attachments

Include the following documents with this application:

1. Proof of authorship;
2. If a magazine article, an original copy of the magazine;
3. If a book or book chapter, an original copy of the book (it will be returned).

Certification

You must certify that the information on this application is true and accurate.

Submission

Submit all application packets to PSI Services by either uploading application packet online or through trackable courier. For questions/inquires you may call 1877-526-6833 or you can send all emails to ohins-processing@psionline.com.

Application through Website :

Submit the completed provider application packet to <https://www.pSIONlinestore.com/ohio-insurance-ce-provider-application/>.

Application by Mail:

Submit the completed provider approval application and the appropriate fee in the form of a company check, cashier's check, or money order to:

**PSI Services
Attn: Continuing Education Dept.
3210 E. Tropicana Ave.
Las Vegas, NV. 89142**

If the provider submits an incomplete application, the application will be returned with a letter indicating the areas that must be addressed. If the requested information is not received by the response due date, the filing will be considered abandoned. **All fees are non-refundable and non-transferable.**

Ohio Department of Insurance Continuing Education Program

Publication/Course Author Credit Application

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Agent Name		NPN	
Street Address		Phone Number	
City	State	ZIP Code	
Email Address			
Has this publication/course been previously approved by PSI in Ohio or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, provide PSI issued course number.
Course Name		Course Number (Leave blank if requesting publication credit)	
Chapter or Article Name			
Publisher			
Publication Date			
Attachments: Refer to publication/course author instructions for list of required attachments that must be submitted with this application. Applications submitted without required attachments will be deemed incomplete and will not be processed until all required information is received.			
I, the undersigned, do hereby certify that all information provided herein is true and correct.			
Signature _____		Date _____	
If approved, you will receive a request for payment, indicating the number of credits awarded and the amount of payment due. Credit will not be recorded in your CE files until payment is received.			

OHPA-01 (rev 08/2023)

Ohio Department of Insurance Continuing Education Program

Fee Worksheet

This form is for convenience in preparing submissions. Using it is optional.

Provider Fees (Choose one)	<u>Subtotal</u>
• Flat Fee ○ (\$1,000 annually with unlimited course submissions)	\$ _____
• Individual ○ (\$100 fee per provider and \$40 per course)	\$ _____
• Limited ○ (\$25 fee per provider and \$25 per course)	\$ _____

Course Fees

(Indicate number of courses you are applying for - no course fees are required if you are a flat fee provider)

Individual Course Approval	_____ @ \$40	\$ _____
Limited Course Approval (Limit of 3 courses of no more than 3 credits each)	_____ @ \$25	\$ _____
	TOTAL	\$ _____

One check may be written to cover all fee types if submitting by mail.

Payment may be made by check or money order payable to PSI Services.

**PSI Service
Attn: Continuing Education Dept.
3210 E. Tropicana Ave
Las Vegas, NV 89121**

You may pay using a credit or debit card by going to <https://www.psonlinestore.com/ohio-insurance-ce-provider-application/> . You will need to submit/upload all documents on the website.

Any questions regarding course payment or course status should be sent to :
ohins-processing@psonline.com

Ohio Department of Insurance Continuing Education

Instructions for Schedule Reporting

Classroom and Distance Learning courses require schedule submission prior to the offering of a course.

Schedules for Classroom and Distance Learning must be submitted to the Department a minimum of 10 calendar days prior to the offering of the course.

Providers are required to submit course schedule offerings and course rosters using the Department's Education Provider Portal. Please see the Education Provider Portal User Guide for more information. The Education Provider Portal User Guide can be found on the Department's website at www.insurance.ohio.gov.

For course offering schedules, the provider must provide the date, start and end time and location of each course.

The provider must notify the Department in writing immediately upon cancellation or change to any course, including but not limited to the date, time or location. Changes to course schedule offerings may be made in the Education Provider Portal by the provider.

An approved course must be in session on the date(s) scheduled, during the specified hours and at the designated location unless cancelled in accordance with Ohio rules or unless notification of change is given to the superintendent in accordance with Ohio's requirements.

Failure to follow Ohio's rules and regulations may result in administrative action.

Ohio Department of Insurance Continuing Education

Instructions for Roster Reporting

Rosters must be submitted within 15 calendar days of the course's completion. The reporting fee is \$1.00 per credit hour for each student on the roster.

Providers are required to submit course schedule offerings and course rosters using the Department's Education Provider Portal. Please see the Education Provider Portal User Guide for more information. The Education Provider Portal User Guide can be found on the Department's website at www.insurance.ohio.gov.

The Department will invoice each provider on a monthly basis for any credit submitted during the previous month. You may not submit payment until the invoice has been issued by the Department. You may pay the invoice by paper check or money order made payable to the State of Ohio Treasurer by mail directly to the Department at the address below or by electronic check or by Visa or MasterCard through the Department's EPay System. More information regarding payment is included in the back of the Education Provider Portal User Guide.

**Ohio Department of Insurance
ATTN: Fiscal Division
50 W. Town Street, 3rd Floor Suite 300
Columbus, OH 43215**

Partial Credit

Partial credits, rounded down in one-hour increments only, may be given for classroom courses only at the discretion of the provider. However, the course participation fee must be paid as if the agent has attended the entire class. When submitting the roster through the Education Provider Portal, the provider will enter the correct number of completed hours.

Instructor Credit

Instructors may be awarded credit in an amount equal to two (2) times the number of hours actually spent instructing a course. To report credits for instructors, mark the instructor box when entering roster information via the ODI Provider Portal. If a course has multiple instructors, no instructor may receive credit for more than his or her pro rata share. Credit will be given only once per course per renewal cycle.

Duplicate Course Entry

In the event an agent completes the same course more than once in a renewal cycle, the provider is still required to submit a roster for that agent. The provider, however, needs to change the number of completed hours to zero (0).

**Failure to follow Ohio's rules and regulations may result in administrative action.
The provider's failure to timely file an attendance roster may result in denial of CE
credit for those agents who attended the course.**

SAMPLE

**AFFIDAVIT FOR SELF-STUDY COURSE OF PERSONAL
RESPONSIBILITY
(To be signed by Student)**

I declare that I personally completed this exam without the outside assistance of any person(s) or material(s).

Name of Student (Print) _____ Name of Course _____

National Producer Number (NPN) _____ Name of Provider _____

Address where exam was taken

Date exam was taken _____ Beginning time _____ Ending time _____

Signature (sign in ink only)

Date

**SAMPLE
COURSE COMPLETION CERTIFICATE**

**OHIO DEPARTMENT OF INSURANCE CONTINUING EDUCATION
COURSE COMPLETION CERTIFICATE**

Name of Student: _____

National Producer Number (NPN): _____

**This certifies that the individual named has successfully completed
the course requirements for:**

Course Name: _____

Course Number: _____

Number of Credits: _____

Date of Course Completion: _____

Provider Name: _____

Provider Number: _____

Phone Number (including area code): _____

Signature of Authorized Provider Official: _____

Title of authorized Official: _____

Date: _____

Providers may create their own forms for course completion certificates, provided all of the same information indicated above is clearly reflected on the certificate.

SAMPLE AFFIDAVIT OF WEBINAR ATTENDANCE

Please complete the Affidavit of Webinar Attendance Form for each registered student that is requesting CE credit. **A single form may not be used to acknowledge the attendance of more than one registered student.**

This form must be **COMPLETED IN FULL by the attendee.** Failure to complete this form and return within the allotted amount of time may result in loss of credit.

Attendees Full Name:	
License Number:	
National Producer Number:	
State Requesting Credit IN:	
Webinar Course Title:	
Webinar Course Date/Time:	

Acknowledgement of Personal Responsibility

I certify that I personally participated in and attended all sessions of the Webinar course referenced above.

Signature: _____ Date: _____

To ensure CE credit for the Webinar course referenced above this form must be completed and returned to (email address) within (#of hours/days) hours of the course taking place or before completion of course.

Ohio Department of Insurance Continuing Education Program

Education Provider Portal Information

The Education Provider Portal is an application designed to help Education Providers record and manage course credit information for Ohio's insurance agents. All information received through the Education Provider Portal is automatic and instantly downloaded into an agent's licensing record and transcript.

The [Education Provider Portal User guide](#) is available on the Department's website.

Before you can begin using the portal however, there are some steps that must be taken to prepare you for using the portal. These steps include:

Step #1: Creating an ODI Gateway account. "This provides access to the Education Provider application."

Step #2: Log into the Gateway and associate yourself.

Step #3: You're ready to begin using the portal to upload and manage schedule and roster information!

Please note that Gateway account information **MAY NEVER be shared. Each person using the ODI Gateway to report schedules and rosters must have their own unique account.**

Failure to follow this security measure may result in an administrative action, including, but not limited to, a fine and/or removal of provider and course authorization in Ohio.

Ohio Department of Insurance Continuing Education Program

Overview of PSI's Course Review Process

PSI reviews each course application against the standards established by the Ohio Department of Insurance to determine whether the course is acceptable.

PSI reviews the application and supporting documentation/attachments, identifies the course type and content, assures providers maintain a quality curriculum and is supported by qualified instructors (if applicable), reviews the comprehensive course outline, and reviews the content of course materials and the examinations (if applicable). PSI also reviews each course for its evaluation and assessment methods, evaluates course length, material relevance and correctness, and justification of the number of hours requested by taking into consideration the subject and the level of difficulty.

Upon PSI's review of the course application, the provider will receive one of the below types of letters detailing the results of the final application determination:

- 1) Approval of course for full credits requested Letter will include:
 - Approval confirmation;
 - Approved title of course;
 - Date of course approval;
 - Assigned course number; and
 - Approved credits hours for the course.

- 2) Approval of course for credits different from requested Letter will include:
 - Approval confirmation;
 - Approved title of course;
 - Date of course approval;
 - Assigned course number;
 - Approved credits hours for the course;
 - Explanation as to the difference in approved credit hours.

- 3) Denial of course
 - Letter will include:
 - Denial notification;
 - Date of course denial;
 - Explanation as reason why the course was NOT approved; and
 - Instructions on Appeal process.

Ohio Department of Insurance Continuing Education Program

Frequently Asked Questions (FAQs)

How long does it take for a course application to be approved?

PSI will review course applications within 30 calendar days of receipt. Providers are encouraged to submit course applications as early as possible.

How will I know when a course has been approved?

PSI will email you a course approval certificate to notify you that your course was approved. The approval certificate will contain the course I.D. number as assigned by PSI, along with the number of credits and course category that the course was approved for.

My course was denied. How do I appeal?

The first step to appeal is to call PSI to discuss the decision by phone at 800-742-8732. If the dispute cannot be resolved by phone, you may submit a written request to PSI to appeal as outlined on page 31 of this packet. If you disagree with PSI's response to your written request, you should then address your request, in writing, to the Ohio Department of Insurance.

How and when do I notify the Department of a course schedule?

Providers must submit the date, time and location of each classroom and distance learning course at least 10 calendar days prior to course presentation electronically through the Provider Portal.

Submitting a copy of the course schedule with your course application does not qualify as submitting the course schedule. The provider must immediately notify the Department of course cancellation or any changes in the date, time and/or location.

What is required on sign-in/sign-out sheets for classroom courses?

A sign-in/sign-out sheet is required for all classroom courses. The attendance sheet must include the course name and number, the date and time of the offering and the exact time of arrival and departure of each attendee along with each attendee's signature and National Producer Number. Each approved course must have its own sign-in/sign-out sheet. Providers offering multiple approved courses on the same day must maintain separate sign-in/sign-out sheets for each approved course.

Seminars/Conference that are approved as one course but offers break-out sessions must have separate sign-in/sign-out sheets for each session, if not all sessions received CE approval. A sample sign-in/sign-out sheet may be found on page 42 of this packet.

Do Self-Study Courses require a proctored final exam?

There are two types of self-study courses, interactive and non-interactive. Interactive online courses must contain a series of questions after each unit/chapter. 100% of the questions must be answered correctly prior to proceeding to the next unit/chapter. The material can be reviewed while answering questions. Non-interactive self-study courses do not require chapter quizzes but do require a non-proctored final exam upon course completion. The student may not have access to course material or reference material during the final exam. Credit may only be awarded if the student receives a grade of 70 percent or greater on the examination.

How and when do I submit course roster to the Department?

Providers are required to report course completion rosters within 15 calendar days of course completion electronically through the Department's Education Provider Portal. The roster must include the name and National Producer Number (NPN) of each student and the number of requested credits per student.

How and when do I renew?

The approval of a provider and course shall be from the date of approval through December 31st of the same year in which approval was granted. PSI will send renewal notifications to providers no later than September 30th each year. All requests for provider and course renewals must be completed and

returned to PSI no later than November 30th each year. Any provider who does not timely renew and whose authority has expired must submit a new provider and course application(s) and required attachments before offering or holding any course(s) after the expiration date. Providers must not hold a course or allow for completion of a course after the license expiration date.

Ohio Department of Insurance Continuing Education Program

Violations and Penalties

Pursuant to Rule 3901-5-05 of Chapter 3901-5 of the Ohio Administrative code, the following violations and penalties are established:

- A. **Purpose**—The purpose of this rule is to identify conduct related to continuing education that violates Ohio statutes or rules and may subject a continuing education provider or agent to administrative actions.
- B. **Authority**—This rule is promulgated pursuant to the authority vested in the superintendent under section 3901.041 and 3905.486 of the Revised Code.
- C. **Providers**—The following are violations of the pre-licensing education and continuing education statutes and rules:
 - 1. Making any false, misleading or deceptive statement or representation about the status of a course approval, the number of hours for which a course is approved, or any other statement about a course or provider. The penalty for a single violation is a forfeiture of \$500.
 - 2. The use of an unqualified instructor. The penalty for a single violation is a forfeiture of \$500.
 - 3. Failure to maintain all necessary records for the required time periods. The penalty for a single violation is a forfeiture of \$100.
 - 4. The use, submission or filing of any document for the purpose of complying with the agent education statutes and rules, or in responding to any inquiry from the superintendent concerning agent education, when the provider knows or should know that the document, or any part of it, is false or deceptive. The penalty for a single violation is a forfeiture of \$1,000.
 - 5. Failure to use the approved course outline. The penalty for a single violation is a forfeiture of \$100.
 - 6. Failure to notify the superintendent of changes to any course, previously approved prior to course offering. The penalty for a single violation is a forfeiture of \$100.
 - 7. Failure to conduct the approved course for the full time, as specified in the course application. The penalty for a single violation is a forfeiture of \$100.
 - 8. Failure to monitor course attendance, course participation or completion of examination. The penalty for a single violation is a forfeiture of \$500.
 - 9. Failure to comply with applicable Americans with Disabilities Act and Equal Employment Opportunity regulations. The penalty for a single violation is a forfeiture of \$100.
 - 10. Failure to provide timely refunds to participants when required. The penalty for a single violation is a forfeiture of \$100.
 - 11. Failure to file or the late filing of any form or required information other than attendance roster. The penalty for a single violation is a forfeiture of \$100.
 - 12. Failure to timely file an attendance roster. The penalty for a single violation is a forfeiture of \$500.
 - 13. Failure to conduct a course as it was approved or maintain course integrity. The penalty for a single violation is a forfeiture of \$500.
 - 14. Obtaining the attendance or enrollment of licensees or students by actual or implied coercion. The penalty for a single violation is a forfeiture of \$500.

15. The failure of a provider to timely provide a certificate of completion to an attendee or the failure of a provider to provide an attendee with an accurate certificate of completion. The penalty for a single violation is a forfeiture of \$200.
16. Failure to accurately report the actual number of course hours attended for each individual. The penalty for a single violation is a forfeiture of \$500.
17. Failure to properly determine active participation in a local, regional, state or national professional insurance association activity. The penalty for a single violation is a forfeiture of \$500.
18. Advertising that an agent may receive credit for simply becoming a member of an association. The penalty for a single violation is a forfeiture of \$1,000.
19. Failure to provide a written response to the superintendent within 21 days after receipt of any written inquiry from the superintendent. The penalty for a single violation is a forfeiture of \$50.
20. Failure to report disciplinary action taken against the provider's authority by any regulatory body which grants a license, registration or permission to conduct business. The penalty for a single violation is a forfeiture of \$200.
21. The violation of any provision of 3901-5-01, 3901-5-02, 3901-5-03, 3901-5-04, 3901-5-06 or 3905-5-07 of the Administrative Code may be grounds for termination of the provider's authority to offer pre-license courses or continuing education courses in this state.

D. Applicants and Agents—The following are violations of the pre-licensing education and continuing education statutes and rules:

1. The use, submission or filing of any document or record for the purpose of complying with the agent education statutes and rules, or in responding to any inquiry from the superintendent concerning agent education, when the person knows or should know that the document or record, or any part of the document or record, is false or deceptive.
2. Obtaining, accepting or using any evidence of completion or participation from a provider when the person has not attended or completed the course or the number of hours identified on the certificate.
3. Cheating or using unauthorized materials or receiving unauthorized assistance during an examination
4. Assisting another person in complying with the agent education requirements when the person knows or should know that the assistance is a violation of the agent education statutes and rules.
5. Disruptive, threatening or deceptive behavior during a course or examination shall be grounds for termination of participation and shall be grounds for the superintendent to refuse course completion credit or a passing grade of an examination for those individuals responsible for the disruptive, threatening or deceptive behavior.
6. The use of any unauthorized telecommunication device, including but not limited to, cellular phones and "PDA's", examination notes and study guides or conversations with unauthorized persons during an examination or authorized break from a state insurance licensure examination. The penalty for a single violation shall be grounds for the superintendent to refuse to issue any license as an insurance agent or assess a forfeiture of up to \$500.

E. Application of penalties

1. The superintendent may suspend, revoke, non-renew or deny authority to any pre-licensing education or continuing education provider who has committed multiple violations of paragraph (C) of this rule. This penalty may be in addition to the forfeitures levied pursuant to paragraph (C) of this rule.
2. The superintendent may, once a violation of paragraph (C) or (D) of this rule requiring a forfeiture has been found, suspend all or part of such forfeiture, upon a showing of mitigating circumstances.

F. Severability

If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.

Application Checklist for Provider and CE Course Application
****ALL APPLICATIONS MUST BE COMPLETELY FILLED OUT AND LEGIBLE****

You will need to create a registration to upload your course application packets and make payment.

OH Application - Self-Study

- Sample of Certificate of Completion
- Course purpose/ objectives
- Detailed outline with time allocations
- Sample promotional materials
- Sample test with answer key
- Bibliography
- Refund policy/Course Tuition
- Attestation/Affidavit
- Exam Procedures/
- # of exam questions
- Payment receipt

OH Application -Classroom

- Sample of Certificate of Completion
- Course purpose
- Course objectives
- Detailed outline with time allocations
- Sample promotional materials
- Bibliography
- Refund policy/Course Tuition
- Sign-in/out sheet
- Payment receipt

OH Application - Webinar

- Sample of Certificate of Completion
- Summary of course purpose/objectives
- Detailed content outline with time allocations
- Sample promotional materials
- Bibliography
- Webinar Guidelines
- Webinar Affidavit
- Payment receipt

NAIC Application

https://content.naic.org/cmte_d_pltf_uewg.htm

- ❖ CER (NAIC) application
- ❖ Home State Approval,
 - **CLASSROOM/WEBINAR/ SELF-STUDY** - detailed course outline with time allocations

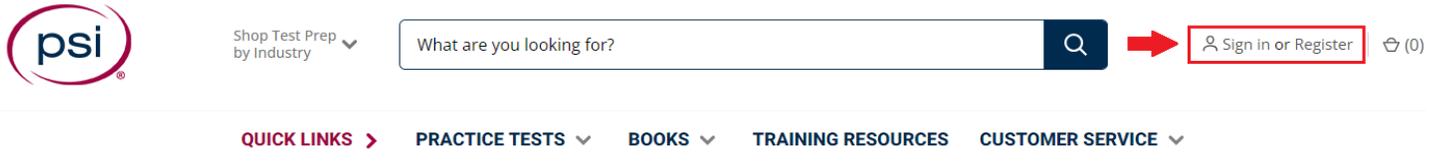
Do not forget the applications below if applicable.

- Publication/Course Author Credit Application - PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.
- CE Association Membership Credit Application.

How to register on PSI Website

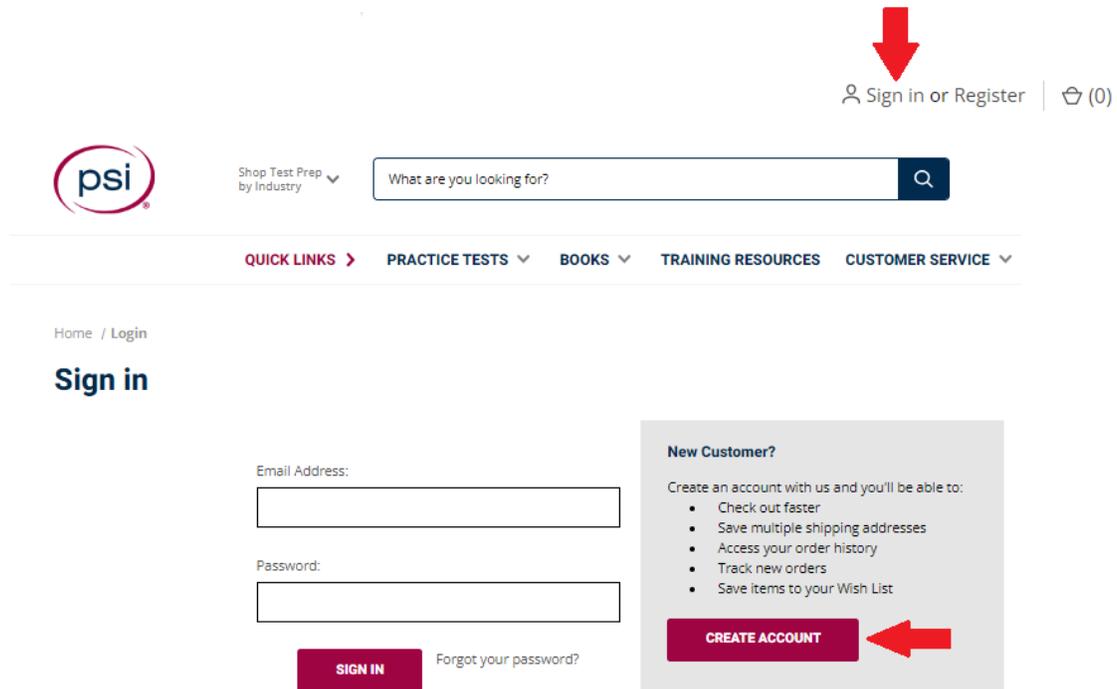
New Provider

1. Go to <https://www.psionlinestore.com/ohio-insurance-ce-provider-application/> if you are applying to become a new provider.



Ohio Insurance CE Provider Application

2. Click on “Register” at the top right corner to create a registration. If you click on “Sign-in” you will be taken to the Sign-in page where you will also have the ability to register for an account. Click on “Create Account”. Once on the “New Account” page fill out all information. **NOTE:** The “Cert Number Internal” is where you will put your provider ID



New Account



Sign in or Register | (0)

Account Details

Email Address REQUIRED

Password REQUIRED Confirm Password REQUIRED

Cert Number Internal

Shipping Details

First Name REQUIRED

Last Name REQUIRED Company Name

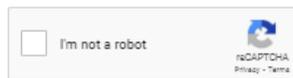
Phone Number REQUIRED Address Line 1 REQUIRED

Address Line 2 Suburb/City REQUIRED

Country REQUIRED State/Province REQUIRED

Zip/Postcode REQUIRED Sales Representative

Exclusive Offers
 I would like to receive updates and offers.



CREATE ACCOUNT

- After you create an account successfully, you will receive the message below which will contain the email address that was registered.

Your account has been created

Thank you for creating your account at PSI Online Store. Your account details have been emailed to sbanos@psionline.com

CONTINUE SHOPPING

Once you have created your account you will send an email to ohins-processing@psionline.com with the following information;

- Subject: New registration for existing provider
- Provider ID
- Provider Name
- Type of account (Unlimited, Individual, Limited)
- Email used to register
- Full name used to register

Once we receive the email with the information we will update the account and send a confirmation email to indicate you are ready to submit your courses.

If you need further assistance, you can contact the CE Dept by phone or email.

Email: ohins-processing@psionline.com

Order number

Email used to register.

Description of issue

Phone: 1877-526-6833 – Monday-Friday 4:30am-4:30pm Pacific Time.

4. Once your account is created, to upload your application only, you will need to use the search engine and the top of the page for quick access. Type in “Ohio insurance” and the option for “Ohio Insurance CE provider Application” will appear. Click the option which will take you to the new provider yearly fee selection. **NOTE:** You can only upload the provider application from this page.

The screenshot shows the PSI website interface. At the top left is the PSI logo. To its right is a navigation menu with 'Shop Test Prep by Industry' and a dropdown arrow. A search bar contains the text 'ohio insurance' and a magnifying glass icon. Below the search bar, the results are titled 'Search results for "ohio insurance"'. A red rectangular box highlights the first result: 'Ohio Insurance CE Provider Application' with a price range of '\$25.00 - \$1,000.00'. Below this are three other results: 'Life, Accident and Health Study-Pack - PSI Test Prep App - 700+ items' for \$69.95, 'Louisiana Insurance Pre-Payment of Fingerprinting Voucher Purchase' for \$39.25, and 'Life Insurance - Spanish - Practice Test' for \$29.99. At the bottom of the results list is a 'VIEW ALL' button.



Ohio Insurance CE Provider Application

Apply to become a **2024 CE provider** for the Ohio Department of Insurance Continuing Education Program.

Applications for CE providers must be received by November 30 to be considered for the following fiscal year, which begins July 1. See Product Description below for details.

The State of Ohio has contracted with PSI to perform continuing education (CE) provider and course review services on behalf of the Ohio Department of Insurance. PSI handles all transactions and inquiries for approving providers and courses.

Download the complete Ohio Department of Insurance Continuing Education Program Provider Information Packet (PDF | 1.5MB) for more information, including CE Provider Applications, CE Course Requirements, and CE Course Application.

\$25.00 - \$1,000.00

[See all Product Details](#)



Fee Option: *

- Unlimited (\$1,000; Unlimited submissions, no submission fee)
- Individual (\$100; Unlimited submissions, \$40 per submission)
- Limited (\$25; Up to 3 3-hr course submissions per year, \$25 per submission)

Upload Application (PDF): *

No file chosen

Maximum file size is 524288KB, file types are pdf

FREE SHIPPING

ADD TO CART

- After uploading your Provider application, you will receive the confirmation that your item has been added to the cart.

Ok, 1 item was added to your cart. What's next?

Ohio Insurance CE Provider Application

1 × \$1,000.00

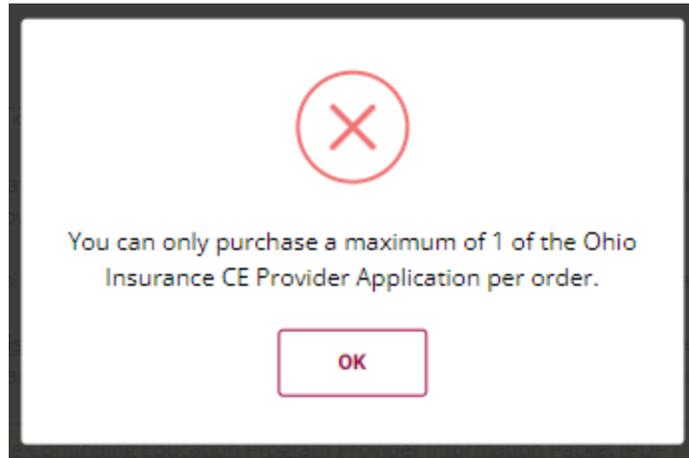
Fee Option
Unlimited (\$1,000; Unlimited submissions, no submission fee)

Upload Application (PDF) OH INS CE Provider App 8.2023 - Fillable.pdf

VIEW CART
CHECK OUT

Your cart now contains 1 item. Subtotal **\$1,000.00**

REMINDER: You can only upload one provider application. If you attempt to upload more than one you will receive the error message below



It is recommendable to view your cart before you check out to make sure you have uploaded your provider application. If we do not receive the application with payment. We cannot process the request.

Your Cart (1 item)

Item	Price
 Ohio Insurance CE Provider Application Fee Option: Unlimited (\$1,000; Unlimited submissions, no submission fee) Upload Application (PDF): OH INS CE Provider App 8.2023 - Fillable.pdf Change	\$1,000.00

You can always update the application, or the fee type you are submitting by clicking the "Change" link. This will allow you to replace the application and/or change the fee type before completing your transaction.

Your Cart (1 item)

Item	Price
 Ohio Insurance CE Provider Application Fee Option: Unlimited (\$1,000; Unlimited submissions, no submission fee) Upload Application (PDF): OH INS CE Provider App 8.2023 - Fillable.pdf Change	\$1,000.00

Configure 'Ohio Insurance CE Provider Application' ×

Fee Option: Required

- Unlimited (\$1,000; Unlimited submissions, no submission fee)
- Individual (\$100; Unlimited submissions, \$40 per submission)
- Limited (\$25; Up to 3 3-hr course submissions per year, \$25 per submission)

Upload Application (PDF): Required

No file chosen

Currently: OH INS CE Provider App 8.2023 - Fillable.pdf [Remove this file](#)

Maximum file size is 524288KB, file types are pdf

- If you are ready to check out, from the confirmation page you can click on Check out. And go through the steps to complete the transaction and “Place Order”

Ok, 1 item was added to your cart. What's next? ×



Ohio Insurance CE Provider Application

1 × \$1,000.00

Fee Option
Unlimited (\$1,000; Unlimited submissions, no submission fee)

Upload Application (PDF) OH INS CE Provider App 8.2023 - Fillable.pdf

Your cart now contains 1 item. Subtotal **\$1,000.00**

Customer sbanos@psionline.com

SIGN OUT

Shipping

Shipping Address

SANDRA BANOS
 PSI SERVICES, LLC 8003671565
 3210 E. TROPICANA AVE
 LAS VEGAS, NEVADA, 89121 / UNITED STATES

My billing address is the same as my shipping address.

Shipping Method

Free Shipping \$0.00

Order Comments

CONTINUE

Customer sbanos@psionline.com

SIGN OUT

Shipping

Sandra Banos
 PSI SERVICES, LLC 8003671565
 3210 E. Tropicana Ave
 Las Vegas, Nevada, 89121 / United States

EDIT

Free Shipping \$0.00

Billing

Sandra Banos
 PSI SERVICES, LLC 8003671565
 3210 E. Tropicana Ave
 Las Vegas, Nevada, 89121 / United States

EDIT

Payment

Credit Card

VISA   DISCOVER

Credit Card Number  Expiration MM / YY

Name on Card CW 

Place Order

Order Summary

Edit Cart

1 Item

 **1 x Ohio Insurance CE Provider Application** \$1,000.00
 Fee Option Unlimited (\$1,000; Unlimited submissions, no submission fee)
 Upload Application (PDF) OH INS CE Provider App 8.2023 - Fillable.pdf

Subtotal \$1,000.00
 Shipping Free
 Sales Tax \$0.00

Coupon/Gift Certificate

Total (USD) **\$1,000.00**

Order Summary

Edit Cart

1 Item

 **1 x Ohio Insurance CE Provider Application** \$1,000.00
 Fee Option Unlimited (\$1,000; Unlimited submissions, no submission fee)
 Upload Application (PDF) OH INS CE Provider App 8.2023 - Fillable.pdf

Subtotal \$1,000.00
 Shipping Free
 Sales Tax \$0.00

Coupon/Gift Certificate

Total (USD) **\$1,000.00**

- Once you place your order, you will receive a confirmation and order summary. On the confirmation you will receive your order number.

Thank you Sandra!

Your order number is 427509

An email will be sent containing information about your purchase. If you have any questions about your purchase, please visit the [Contact PSI Page](#) for information regarding product support.

[CONTINUE SHOPPING »](#)

Order Summary Print	
1 Item	
 1 x Ohio Insurance CE Provider Application Fee Option Unlimited (\$1,000; Unlimited submissions, no submission fee) Upload Application (PDF) OH INS CE Provider App 8.2023 - Filable.pdf	\$1,000.00
Subtotal	\$1,000.00
Shipping	Free
Sales Tax	\$0.00
Total (USD)	\$1,000.00

You will also receive an email confirmation with the subject “Your PSI online Store Order Confirmation (#427509). The email will contain your order information.

PSI Online Store

Your PSI Online Store Order Confirmation (#427509)

Your order ID is #427509. A summary of your order is shown below. To view the status of your order [click here](#).

Shipping Address

Sandra Banos
 PSI SERVICES, LLC
 3210 E. Tropicana Ave
 Las Vegas, Nevada 89121
 United States
 8003671565
 Sales Representative

Billing Address

Sandra Banos
 PSI SERVICES, LLC
 3210 E. Tropicana Ave
 Las Vegas, Nevada 89121
 United States
 8003671565
 Sales Representative

Your Order Contains...

Cart Items	SKU	Qty	Item Price	Item Total
Items shipped to 3210 E. Tropicana Ave, Las Vegas, Nevada, 89121, United States				
Ohio Insurance CE Provider Application <small>(Fee Option: Unlimited (\$1,000; Unlimited submissions, no submission fee); Upload Application (PDF): OH INS CE Provider App 8.2023 - Filable.pdf)</small>	OHCE-APP-01-U	1	\$1,000.00 USD	\$1,000.00 USD
				Subtotal: \$1,000.00 USD
				Shipping: \$0.00 USD
				Sales Tax: \$0.00 USD
				Grand Total: \$1,000.00 USD

Existing Providers

- Go to <https://www.pSIONlinestore.com/ohio-insurance-ce-course-application/>. If you are an approved provider you will only need to register for an account. No application needed. **REMINDER:** You cannot submit an application packet without being logged in.



Shop Test Prep
by Industry

What are you looking for?



Sign in or Register

(0)

[QUICK LINKS >](#) [PRACTICE TESTS](#) [BOOKS](#) [TRAINING RESOURCES](#) [CUSTOMER SERVICE](#)

2. Click on “Register” at the top right corner to create a registration. If you click on “Sign-in” you will be taken to the Sign-in page where you will also have the ability to register for an account. Click on “Create Account”. Once on the “New Account” page fill out all information. **NOTE:** The “Cert Number Internal” is your provider ID

The screenshot shows the 'Sign in' page. At the top right, there is a 'Sign in or Register' link with a red arrow pointing to it. Below the navigation bar, the page title is 'Sign in'. There are two input fields: 'Email Address:' and 'Password:'. Below the 'Password:' field is a 'SIGN IN' button and a link for 'Forgot your password?'. To the right of the input fields is a 'New Customer?' section with a list of benefits and a 'CREATE ACCOUNT' button. A red arrow points to the 'CREATE ACCOUNT' button.

New Account



Sign in or Register | (0)

Account Details

Email Address REQUIRED

Password REQUIRED Confirm Password REQUIRED

Cert Number Internal

Shipping Details

First Name REQUIRED

Last Name REQUIRED Company Name

Phone Number REQUIRED Address Line 1 REQUIRED

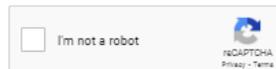
Address Line 2 Suburb/City REQUIRED

Country REQUIRED State/Province REQUIRED

Zip/Postcode REQUIRED Sales Representative

Exclusive Offers

I would like to receive updates and offers.



CREATE ACCOUNT

3. After you create an account successfully, you will receive the message below which will contain the email address that was registered.

Your account has been created

Thank you for creating your account at PSI Online Store. Your account details have been emailed to sbanos@psionline.com

CONTINUE SHOPPING

4. Once you have created your account you will send an email to ohins-processing@psionline.com with the following information;
 - Subject: New registration for existing provider
 - Provider ID

- Provider Name
- **Type of account (Unlimited, Individual, Limited) Attach receipt of payment made at the beginning of year.**
- Email used to register.
- Full name used to register.

Once we receive the email with the information, we will update the account and send a confirmation email to indicate you are ready to submit your courses.

Submitting a course

1. Log in to <https://www.psonlinestore.com/ohio-insurance-ce-course-application/>

Home / Login

Sign in

The screenshot shows a login interface. On the left, a white box with a red border contains the login form. It has two input fields: 'Email Address:' and 'Password:'. Below the password field is a red 'SIGN IN' button and a link that says 'Forgot your password?'. To the right of the login form is a grey box titled 'New Customer?'. It contains the text 'Create an account with us and you'll be able to:' followed by a bulleted list: 'Check out faster', 'Save multiple shipping addresses', 'Access your order history', 'Track new orders', and 'Save items to your Wish List'. At the bottom of this grey box is a red 'CREATE ACCOUNT' button.

2. On the landing page, you will select your Provider group (Unlimited, Individual, Limited), Add the provider ID, put the number of applications that you will be submitting. Then click “Add to Cart”
3. Complete your transaction to submit payment.
4. Once you have made the payment you will submit all applications packets to ohins-processing@psionline.com. In the body of the email, please add
 - the order number
 - number of applications submitted
 - Provider ID
 - Provider Name
 - Type of account (Unlimited, Individual, Limited) Attach receipt of payment made at the beginning of year
 - Attached payment receipt.

Once we receive your completed application packet(s) we will process your applications within 30 days from date of receipt.

How long does it take for a course application to be approved?

PSI will review course applications within 30 calendar days of receipt. Providers are encouraged to submit course applications as early as possible.

If you need further assistance, you can contact the CE Dept by phone or email.

Email: ohins-processing@psionline.com

Order number
Email used to register.
Description of issue

Phone: 1877-526-6833 – Monday-Friday 4:30am-4:30pm Pacific Time.