



National Association of Insurance and Financial Advisors – Ohio

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NAIFA-OHIO REQUEST TO PROVIDE CONTINUING EDUCATION FORM

Please complete and return this form to NAIFA-Ohio at least 15 days before you intend to begin promoting your continuing education program. Please type or print.

Official Name of Course: _____

Course Number: _____

Date presenting: _____ Start/End Time: _____

Location (name & address): _____

City/State/Zip: _____

Name of on-site coordinator: _____

On-site coordinator's phone: _____ E-mail: _____

NOTE: Rosters (includes student National Producer Number, first and last name) must be submitted to NAIFA-Ohio **within 5 days of presentation** along with the processing fee of \$5 per person/course. By submitting this form, the local on-site association indemnifies and holds NAIFA-Ohio harmless against any claims arising out of the local association's failure to timely submit student records to the state office.

IMPORTANT: Instructors must meet one of the following required qualifications: **1)** 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; **2)** 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 hold an associate's or bachelor's degree with a specialization in insurance; or **3)** seven years of relevant experience. **Please attach bio as further evidence.**

By signing below you verify meeting one of the above stated required qualifications.

Instructor's Signature: _____ Date: _____

National Producer Number: _____