

ARKANSAS REGISTER

Transmittal Sheet

Sharon Priest
Secretary of State
State Capitol Room 01
Little Rock, Arkansas 72201-1094

For Office
Use Only:

Effective Date 4/24/98 Code Number 054.00.98--002

Name of Agency Arkansas Insurance Department

Department Legal Division

Contact Person Jean Langford, Chief Counsel Phone (501) 371-2820

Statutory Authority for Promulgating Rules Ark. Code Ann §§23-61-108, 23-61-701, et seq., 25-15-201, et seq., 23-76-120, etc. See Act 1004 of 1997

Rule and Regulation: Adoption of Rule and Regulation ~~35~~ 50 and 68

Date

Intended Effective Date Legal Notice Published April 15, 1998

Emergency Final Date for Public comment . . . 12/17/1997

10 Days After Filing Filed with Legislative Council . . . 10/30/1997

4/1/1998 Other Reviewed by Legislative Council . 12/4/1997

Adopted by State Agency 4/10/1998

CERTIFICATION OF AUTHORIZED OFFICER
I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended

Jean Langford
Signature

(501) 371-2820
Phone Number

Chief Counsel
Title

April 13, 1998
Date

FILED
REGISTER DIV.
98 APR 14 AM 10:20
BY
SECRETARY OF STATE
STATE OF ARKANSAS

**RULE AND REGULATION 50
AGENTS CONTINUING EDUCATION**

SECTION

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STATE OF ARKANSAS

SECTION 1. PURPOSE

The purpose of this Rule and Regulation is to establish requirements and standards for continuing education for natural persons licensed as insurance agents or brokers by the Commissioner.

SECTION 2. AUTHORITY

This Rule is issued under the authority vested in the Commissioner of Insurance ("Commissioner") by Ark. Code Ann. Section 23-64-304(a), as amended by Act 1004 of 1997.

SECTION 3. EFFECTIVE DATE AND APPLICABILITY

This Rule and Regulation shall be effective April 15, 1998 and shall be applicable to those persons licensed to act as an insurance agent or broker, who must comply with Ark. Code Ann. §§23-64-301, et seq., on and after July 1, 1998, for the sale of the following types of insurance:

- A. Life and disability insurance.
- B. Property and casualty insurance.
- C. All lines of insurance for which an examination is required for licensing.

SECTION 4. EXEMPTIONS

- A. This Rule and Regulation shall not apply to the following individuals:
 1. Persons holding licenses for which an examination is not required.
 2. Adjusters and limited adjusters and consultants.
 3. Any limited or restricted license the Commissioner may exempt.
 4. Any person who is at least sixty (60) years of age.
 5. Any person who has held a license as an agent, solicitor, consultant or broker for a period of at least fifteen (15) consecutive years.
 6. Third-party administrators who do not solicit business.
 7. Non-resident agents, non-resident consultants or brokers.

- 1
2 B. All persons requesting exemption from compliance under Subsection (A)(4) and (5) only shall
3 complete and file with the License Division of the Arkansas Insurance Department the form as
4 found in Appendix F.
5
6 C. Newly licensed agents and brokers during the calendar year in which the applicant first received
7 an Arkansas license shall not be required to comply with continuing education requirements;
8 continuing education requirements shall be due on the licensee's birthday in the first annual
9 period after first renewal of the license (i.e. one year from first renewal of the license).
10

11 **SECTION 5. EDUCATIONAL REQUIREMENTS**
12

- 13 A. Effective July 1, 1998, any non-exempt persons licensed as agents or brokers shall, before each
14 annual period on their birthday, complete those courses of instruction approved by the
15 Commissioner and equivalent to the following:
16
17 1. A total of eight (8) hours of instruction for a life and disability license or life or disability
18 licenses.
19 2. A total of eight (8) hours of instruction for a property and/or casualty license.
20 3. A total of ten (10) hours of instruction for those other persons holding dual licenses for life
21 and/or disability and property and/or casualty.
22
23 B. Subject to submission and approval of the Commissioner, the courses or programs of instruction
24 successfully completed which shall be deemed to meet the Commissioner's standards for
25 continuing education requirements are:
26
27 1. Any part of the Life Underwriting Training Council Life Courses Curriculum and Health
28 Courses.
29 2. Any part of the American College "CLU" diploma curriculum.
30 3. Any part of the Insurance Institute of America's Program in general insurance.
31 4. Any part of the American Institute for Property and Liability Underwriters' chartered
32 Property Casualty Underwriter (CPCU) professional designated program.
33 5. Any part of the Certified Insurance Counselor Program.
34 6. Any course offered by Certified Health Consultant (CHC).
35 7. Any course offered by Registered Health Consultant.
36 8. Any insurance related course approved by the Commissioner and offered by an
37 accredited college or university.
38 9. Any course or program of instruction, seminar, or meeting sponsored by any authorized
39 insurer, recognized agents' association or insurance trade association or any
40 independent program of instruction.
41 10. Any correspondence course, subject to the following:
42
43 i. All correspondence courses must have a sealed and numbered written
44 examination which measures the licensee's knowledge of the information.
45 Course providers may also add oral or electronic correspondence courses, with
46 oral or electronic examinations.
47 ii. All correspondence course examinations must be proctored.
48 iii. Proctors must provide an affidavit attesting under oath that the examination was
49 proctored, that the examination was provided in a manner specified by the
50 correspondence course provider, and that they are not part of or aware of any
51 efforts to circumvent the requirements of the examination, as provided in
52 Appendix G.
53 iv. Appendix G must accompany the licensee's completed Certificate, Appendix E.
54 Correspondence course providers shall maintain all records on proctors and
55 proctored examinations.

- v. A proctor must be registered annually with and be acceptable to the Commissioner. Proctors may not serve for examinations of: family members or relatives or dependents, employers or supervisors, employees or subordinates, partners or joint venturers or co-owners, current or former teachers or pupils, neighbors or personal friends or significant others, or for anyone in whom the proctor has an economic or other interest in assuring the successful outcome of the examination.
- vi. Course providers' filings must explain how correspondence course exams will not be duplicated for any two (2) test takers.
- vii. Correspondence courses approved and subsequently purchased by the agent or broker, prior to the re-adoption date of this Rule, shall not be governed by this Rule; however course providers must contact the License Division to reconfirm credit hours.

11. Any other course or program approved by the Commissioner.

- C. The Commissioner shall assign the number of continuing education hours for which approved courses qualify.

SECTION 6. COURSE PROVIDER APPROVAL

- A. Application for approval as a provider shall be submitted to the License Division of the Arkansas Insurance Department not less than sixty (60) days prior to the expected use of the program. A provider shall include the following information in duplicate:
 - 1. Detailed description of the subject of the program or course including a course outline, list of any resource materials, and list of speakers or instructors or proctors.
 - 2. Completion of Appendices A and B and D for the initial certification, and completion of Appendices C and D upon any change in curriculum or instructor.
 - 3. Schedules of classes, seminars and meetings for all locations.
- B. Changes in schedules are to be filed with the Insurance Department no later than two (2) weeks before such program or course is offered.

SECTION 7. INSTRUCTOR QUALIFICATIONS

- A. A person teaching any approved course of instruction or lecturing at any approved seminar or meeting shall qualify for the same number of educational hours for that course as would be granted to a person taking and successfully completing such course, seminar or program.
- B. Instructors must have had specific insurance training or educational experiences satisfactory and approved by the State Insurance Commissioner in order to be certified to teach any part of any approved course. Each instructor must have five (5) or more years of specific insurance experience and/or education related to and in each part of the insurance training program in which he instructs and must be approved prior to teaching any course, or any part of a course, by the State Insurance Commissioner. Applicants for approval as an instructor shall complete and submit Appendix D to the License Division of the Arkansas Insurance Department.
- C. No person will be approved as an instructor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state, or any similar regulatory body or court. The Commissioner shall have the authority to waive this requirement.

SECTION 8. PROGRAM REVIEW

Representatives of the Insurance Commissioner shall have the authority to visit a course or program and review its offering at any time including, but not limited to, curriculum records and attendance records.

1 **SECTION 9. FEES AND COMPLIANCE**

- 2
- 3 A. Every person subject to this Regulation shall furnish, in a form satisfactory to the Commissioner,
- 4 written certification as to the courses, programs and seminars of instruction taken and
- 5 successfully completed by such person. Such certification shall be executed by or on behalf of
- 6 the course provider and may be in the form prescribed in Appendix E. The Commissioner shall
- 7 provide direction to the vendor as to the form used. Each licensee or the approved course
- 8 provider may make the filing for the licensee to the Commissioner or his designee. The
- 9 Commissioner may require vendors to submit the agent's Certificate of Completion of Continuing
- 10 Education hours on an electronic media to the Department, and may require the vendor to submit
- 11 information to an outside vendor or other parties contracting with the Commissioner to maintain
- 12 and update insurance licensees' continuing education data.
- 13
- 14 B. Every person subject to this Rule and Regulation and who furnishes to the Commissioner or
- 15 Vendor of the Commissioner, written certification as to the courses or programs of instruction
- 16 taken and successfully completed shall tender a filing fee as directed by the Commissioner or
- 17 Vendor of the Commissioner under his approval.
- 18
- 19 C. Excess educational hours accumulated during any annual period may be carried forward only to
- 20 the next annual period.
- 21
- 22 D. For good cause shown, the Commissioner may grant an extension of time during which the
- 23 requirements may be completed.
- 24

25 **SECTION 10. PENALTIES**

26

27 Upon failure of any agent or broker to comply with Ark. Code Ann. Section 23-64-301, et seq., the

28 Commissioner shall take the steps enumerated in Ark. Code Ann. Section 23-64-304(d) against such

29 individual's license. Failure to comply with this Rule may result in imposition of penalties contained in

30 §23-64-216, as amended, or other applicable laws or rules.

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32 **SECTION 11. SEVERABILITY**

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34 Any section or provision of this Rule held by the court to be invalid or unconstitutional will not affect the

35 validity of any other section or provision.

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40 MIKE PICKENS

41 INSURANCE COMMISSIONER

42 STATE OF ARKANSAS

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44 4/8/98

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DATE

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APPENDIX A
COURSE APPLICATION FOR CONTINUING EDUCATION CREDIT
IN ARKANSAS
ARKANSAS DEPARTMENT OF INSURANCE REGULATION NO. 50

Approved _____
Disapproved _____
Credit _____
CE hours approved _____

NAME: _____
TELEPHONE: _____
1 () _____
1 (800) _____

COURSE TITLE/NAME DATE OF COURSE PROVIDER NUMBER
(ATTACH APPENDIX B)

LOCATION _____ CITY _____

INSTRUCTOR _____ TELEPHONE _____

QUALIFICATIONS OF INSTRUCTOR, INCLUDE RESUME (APPENDIX D)

QUALIFICATIONS OF PROCTOR (ATTACH)

METHOD OF INSTRUCTION:

____ Classroom/Lecture ____ Correspondence ____ Employee Training

____ Seminar ____ Professional Association ____ College/University

____ Other _____

Number of Hours of Instruction or Classroom Hours _____

Total Number of Continuing Education credit hours requested _____

METHOD OF DETERMINING SATISFACTORY COMPLETION:

____ Examination ____ Attendance ____ Report ____ Other _____

NAMES AND SIGNATURES OF AUTHORIZED REPRESENTATIVES TO SIGN CERTIFICATES OF COMPLETION:

Name (Type or Print) _____ Signature _____

Name (Type or Print) _____ Signature _____

SUBMITTED BY:

Name (Type or Print) _____ Signature _____

Title _____ Organization _____

NOTE: APPENDIX A AND APPENDIX B AND APPENDIX D MUST BE SUBMITTED TO THE ARKANSAS INSURANCE DEPARTMENT, 1200 West Third Street, Little Rock, Arkansas 72201-1904, or as directed by the Commissioner.

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APPENDIX C
CHANGE IN CURRICULUM OR INSTRUCTOR OR PROCTOR
ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION
REGULATION NO. 50

To: ARKANSAS INSURANCE DEPARTMENT
Licensing Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

(SUBMIT IN DUPLICATE)

Name of Training Facility _____

Address _____

Name and Telephone Number _____
Of contact person

The following changes have been made in our Course Curriculum and/or Instructors:

(Attach the Applicable Changes)

- 1) Course Description (Appendix B)
- 2) List of Resource Materials
- 3) Names of Instructors and Qualifications (Appendix D)
- 4) Names of Instructors serving as Designated Officials of Provider
- 5) Names of Proctors (Attach Resume)

Typed Name of Training Facility Official

Signature of Training Facility Official

Date

FOR DEPARTMENT USE ONLY

APPROVED BY: _____ DATE: _____

DISAPPROVED BY: _____ DATE: _____

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APPENDIX D
APPLICATION FOR APPROVAL AS INSTRUCTOR
ARKANSAS DEPARTMENT OF INSURANCE
CONTINUING EDUCATION
REGULATION NO. 50

ARKANSAS INSURANCE DEPARTMENT
Licensing Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

(SUBMIT IN DUPLICATE)

- 1) Name _____
Address _____
Phone: Office () _____ Home () _____
- 2) Name and Address of Current Employer _____

- 3) Name of Sponsoring Training Facility _____
Address _____
- 4) Please list all resident and non-resident insurance licenses you currently hold as agent, broker, consultant, adjuster, managing general agent, etc.:

- 5) Please summarize your insurance experience and training, totaling five (5) years (attach addition sheets, if necessary):

1 6) Please summarize your insurance education, including, but not limited to,
2 college/university insurance course(s) hours; insurance seminars and training courses;
3 number of hours completed toward certifications such as CLU, CPCU, FLMI, etc.
4 (Attach additional sheets, as necessary.):
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11 [Note: As specific training on insurance is a prerequisite, please do not include general
12 education hours or degrees, such as BA or MBA Degrees in Business, Marketing, etc.]
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14 7) Courses of study at Training Facility for which you propose to serve as Instructor:
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22 ATTACH FOLLOWING DOCUMENTS:
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- 24 a) Resume or Curriculum Vitae, if any;
25 b) Appendix C completed by Training Facility Official; and
26 c) As to non-resident applicants only, please attach written verification from your
27 domiciliary state insurance department confirming that you have held an insurance
28 license(s) for a minimum of five (5) years, and that your license(s) has never been
29 suspended or revoked.
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34 _____
Name of Applicant

35 Subscribed to and sworn or affirmed before me this _____ day of _____, [Year].
36
37

38 _____
Notary Public
39

40 My Commission expires
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47 FOR DEPARTMENT USE ONLY

48 APPROVED BY: _____ DATE: _____
49

50 DISAPPROVED BY: _____ DATE: _____
51

APPENDIX E
INDIVIDUAL CERTIFICATE OF COMPLETION
ARKANSAS DEPARTMENT OF INSURANCE
CONTINUING EDUCATION
REGULATION NO. 50

CERTIFICATE OF COMPLETION

Name (Type or Print) _____ Social Security No. _____

Street Address _____ City _____ State _____ Zip Code _____

I, _____
Authorized Representative (Type or Print)

of _____
Organization _____ Provider Number _____

do hereby certify that the person named herein has successfully completed the following
approved and certified courses:

Course Title _____

Number of Credit Hours Earned _____ Course No. _____

Date of Course Completion _____

Name of Sponsor _____

This course has been certified by the Arkansas Department of Insurance pursuant to Regulation
No. 50.

Date _____ Signature of Authorized Training Representative _____

Date _____ Signature of Attendee _____

THIS DEPARTMENT OF INSURANCE CERTIFICATE WILL BE ACCEPTED AS
EVIDENCE OF COMPLETION OF AN APPROVED COURSE. THE LICENSEE
MUST RETAIN COPIES OF HIS OR HER CERTIFICATES OF COMPLETION
EARNED FOR THE MOST RECENT ANNUAL PERIOD.

THIS FORM MAY BE REPRODUCED BY THE COURSE SPONSOR ONLY.
CONTACT THE LICENSE DIVISION BEFORE USE OF ANY CONTENT OR
FORMAT CHANGES TO THE SPECIMEN FORM.

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APPENDIX F
REQUEST FOR EXEMPTION
ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION
REGULATION NO. 50

TO: ARKANSAS INSURANCE DEPARTMENT
Licensing Division
1200 West Third Street
Little Rock, AR 72201-1904

Under Arkansas Code Section 23-64-302(3) and (4) as amended, I am requesting the following exemption:

_____ At least sixty (60) years of age. Date of Birth _____ (Attach copy of birth certificate or other document evidencing date of birth)

_____ Have held a license as an agent, broker, solicitor, or consultant for a period of fifteen (15) consecutive years. Beginning Date _____

I certify that the information set out above is true and correct to the best of my knowledge and belief.

Signature _____ Name (Print or Type) _____

Social Security Number _____ Street Address _____

Telephone Number _____ City, State, Zip _____

Subscribed to or affirmed before me a notary public in and for the State of Arkansas on this _____ day of _____, [Year].

Notary Public

My Commission expires _____

APPENDIX G
AFFIDAVIT OF PROCTOR
ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION
REGULATION NO. 50

Name of Licensee Taking Examination _____

Licensee Social Security Number _____

Course Title/Name _____

Date of Examination _____

Location of Examination _____

Start Time: _____ End Time: _____

(Appendix G must be attached to Appendix E)

* * * * *

Proctor Name (Type or Print) _____

Proctor Social Security Number _____

Registration held by Proctor _____ (Registration must be current and in good standing, issued by the Commissioner)

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above named licensee and that the examination was provided as instructed by the Correspondence Course Provider. I personally opened sealed and numbered Exam # _____ on site for the test taken and assure you that no taker(s) was permitted to use study materials or have assistance during the exam. Further, I am not part of or aware of any efforts to circumvent the requirements of the proctored examination. I understand that this Affidavit is provided under oath or affirmation and that as a registrant of the Commissioner, false information shall be grounds for cancellation of my registration or other penalties. I will provide a complete and accurate copy of all my records to the approved Course Provider, who must maintain them for access by the State Insurance Department.

Signature of Proctor

Date

Subscribed, sworn to or affirmed before me, a notary public in and for the State of Arkansas, on this _____ day of _____, [Year].

Notary Public

My Commission expires _____