



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

APPLICATION FOR CONTINUING EDUCATION PROVIDER REGISTRATION

Mail completed document and fees to:

Pearson VUE
Attn: TX CE
62398 Collections Center Drive
Chicago, IL 60693-0623

PLEASE TYPE OR PRINT LEGIBLY IN INK

DO NOT FAX OR EMAIL THIS FORM

Nonrefundable Fee: \$50

Make check payable to: PEARSON VUE/TDI

Prior to completing this form, please read the instructions beginning on page three. This application is to be used only by individuals or organizations applying to be registered or re-registered by the Texas Department of Insurance (TDI) as a provider of continuing education courses, adjuster pre-license training and/or certification programs.

Note: A separate [Application for Course Certification \(TDI Form FIN516\)](#) must be filed and approved for each course offering.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

PART A – Provider Identification and Contact Information

1) Federal Tax Identification Number: _____

TDI Provider Number: _____ (Previously Approved Providers Only)

2) Provider Name: _____

Provider's Trade Name (DBA/Alias): _____

3) Physical Address: _____

Street Address

City

State

Zip Code

4) Mailing Address: _____

Street Address OR P.O. Box Address

City

State

Zip Code

5) Name of Authorized Provider Representative (APR):

6) APR Contact Information:

a) Phone: _____

b) Fax: _____

c) Email Address: _____

Most of our communication with you will be by email and phone. Please keep this information up to date.

7) Provider's Website Address: _____

Part B – Screening Questions

1) Resident state: _____

2) Has or does the listed applicant provide insurance education in a name different from those given in Part A?

YES NO *Note: If "Yes" is checked, attach details on a separate page.*

3) Has the applicant had any certification or approval for a professional continuing education course or pre-licensing education course revoked, suspended, or placed on probation, whether by agreement or as ordered in an administrative or judicial proceeding, by a court, financial or insurance regulator, or other agency of this state, another state, or the United States?

YES NO *Note: If "Yes" is checked, provide details on a separate page, and include a copy of the agreement or order.*

Part C – Course Types and Geographic Areas

Indicate which types of classes you intend on offering. For classroom courses, select the geographic areas in which classes will be presented:

Classroom Classroom Equivalent Self Study

- | | | | |
|--------------------------|--------------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | 01 – Amarillo, Lubbock | <input type="checkbox"/> | 07 – Bryan/College Station |
| <input type="checkbox"/> | 2 – Midland, El Paso | <input type="checkbox"/> | 08 - Austin |
| <input type="checkbox"/> | 3 – Abilene, San Angelo | <input type="checkbox"/> | 09 – San Antonio, Del Rio |
| <input type="checkbox"/> | 4 – Wichita Falls, Denton, D/FW | <input type="checkbox"/> | 10 – Houston, Beaumont, Victoria |
| <input type="checkbox"/> | 5 – Waco, Temple | <input type="checkbox"/> | 11 – Corpus Christi, Laredo |
| <input type="checkbox"/> | 6 – Texarkana, Longview, Nacogdoches | <input type="checkbox"/> | 12 – Out of Texas |

Part D – Attestation

By submitting this document on behalf of the applicant, I attest that the applicant and its authorized provider representative have read and will comply with all provider and course requirements set forth in Title 28 Texas Administrative Code (TAC) §19.602 and §§19.1001-19.1030 and that the information provided on this form and on any attachments is true and correct.

No Signature Required

PROVIDER REGISTRATION INSTRUCTIONS

MAKE CHECKS PAYABLE TO: PEARSON VUE/TDI

This application is for individuals or organizations applying to be registered by TDI as a registered provider. The completed application and any required attachments must be submitted to the address listed at the top of the first page of the application, along with a non-refundable application fee of **\$50**. Make checks payable to PEARSON VUE/TDI. The application must be typed or printed legibly in ink. This application alone does not authorize you to present course for Texas continuing education credit. **Each course must be individually submitted for certification and approved.**

Do not fax or email this form.

Before completing this form, you need to read and comply with the program rules as set forth in 28 TAC §§19.602 and 19.1001-19.1030. A copy of these rules may be accessed through the TDI website.

A provider registration is valid for two years. To remain registered, providers must re-register by following the instructions on the renewal notice prior to the expiration of the provider registration. Renewal notices are mailed on or around 60 days prior to expiration.

Non-receipt of provider or course renewal notice does not excuse non-filing.

Part A – Provider Identification and Contact Information:

- 1) Enter your Federal Tax Identification Number (FEIN)
 - If you were previously a registered provider who is submitting this application to re-register, enter your previous TDI provider number.
- 2) Enter the applicant's full legal name.
 - Enter any other names under which the applicant will do business. Providers should not list the names of instructors or course preparers.
- 3) Enter the applicant's physical address.
 - a. Disclose the applicant's physical address where records will be stored, maintained and may be inspected.
- 4) Enter the applicant's mailing address. This is the address of record to which official correspondence, forms, notices and other information will be sent.
- 5) Provide the name of a designated person who will be your Authorized Provider Representative (APR). The APR is the individual designated by a provider as the contact individual responsible for all the provider's communications and filings with TDI. The APR should be readily available to TDI's representatives and must be authorized to resolve issues regarding courses offered by the provider. Although the APR is TDI's primary contact with the provider organization, the APR may delegate course submission responsibilities to other coordinators within the provider organization.
- 6) Enter APR's contact information
 - a) Enter the APR's daytime phone number
 - b) Enter the APR's fax number
 - c) Enter the APR's email address
- 7) If the applicant has a website address and classes will be open to the public, furnish the provider's website address.

Part B – Screening Questions:

- 1) Give the name of the applicant's state of incorporation, domicile or residence.
- 2) Answer the question by checking yes or no. If "Yes" is checked, provide details on a separate page.
- 3) Answer the question by checking yes or no. If "Yes" is checked, provide details on a separate page, and include a copy of the agreement or order.

Part C – Course Types and Geographic Areas:

Please select the type of course(s) the applicant will offer.

Geographic areas are often listed for a provider's classroom activity so that a potential student may select a provider that actively presents classes in the student's area. Please check only those areas where the applicant offers classroom courses.

Geographic areas should not be selected if the applicant is offering only classroom equivalent or self-study courses.

IMPORTANT PROVIDER NOTE:

Class and other provider course records are subject to review at any time by the TDI or its designee. Refer to Texas Administrative Code §19.1014 for additional information we may request.