



## TEXAS DEPARTMENT OF INSURANCE

### Financial Regulation Division - Agent and Adjuster Title Licensing (107-TL)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
(512) 676-6475 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

## TITLE CONTINUING EDUCATION PROGRAM

### *New Provider Packet*

The department registers courses for continuing education (CE), so that agents and escrow officers may comply with the CE requirement mandated by the Texas legislature. Providers of CE courses who desire to participate in the Texas CE program must be willing to comply with the program rules, 28 TAC § 9.1 Procedural Rule P-28.

This packet contains all the forms and instructions necessary to register an organization or individual as a CE provider including: (1) New Provider Application, (2) Course Application, (3) Course Self Check List, and (4) Sample forms. The department does not charge a fee to register providers or courses.

To determine if your course can be registered for CE credit, follow the steps below.

**Step 1: Read the Rules:** If your course meets the qualifications for credit, continue to Step 2.

**Step 2: Determine what forms need to be submitted to the department.**

- If the course your organization wants to present was developed and submitted for registration by another provider, you may not need to submit anything to the department. Review the following information to determine if you are an “assignee”.

You are considered an assignee for the course if:

- You are using the course in its entirety as it was originally developed by the other provider.
- Any additional information you add to the course is solely to personalize it for your use but the core content of the course is not changed.
- You are acting as a distributor/grader for a self-study course and exam

Individuals or organizations that want to be assignees for another provider should have the originator (the recognized provider) of the course notify the department in writing or your authority to use the course materials as an assignee.

**Only the originator certifies the course for credit to TDI.** The originator then authorizes you to use the course under its registration and gives you its TDI assigned course number(s). TDI will need only to be notified, by the originator, that an authorization agreement has been made.

The originator’s authorization notice to TDI must indicate the effective date of authorization and that the assignee’s representative has read the rules governing CE and will abide by them. It must identify by TDI course number which course(s) the assignee is authorized to use, provide the names and signatures of the persons who will be signing certificates of completion of the assignee and certify that the assignee will be using the course as it was originally certified to TDI. The authorization may be withdrawn at any time by the originator through written notice to TDI. If you are considered an assignee, stop here and contact the originating provider.

You **are not** considered an assignee for the course if:

- You will be making modifications to the course which affect 25% or more of the content subjects.
- You will be using only portions of the course.
- You will be presenting a classroom version of a recognized professional designation program.
- You will be using a self - study course as a reference text for a classroom course.
- You are using another provider’s text but have developed your own exams.

If you are not an assignee, then the modified version is considered a new course and must be certified by you just as you would for a course you developed entirely yourself. You will need to receive written authorization by the originator to use their course materials and **indicate on the course application that the course was originally developed by another provider but that you have made modifications to the original course.** If you are not considered an assignee, continue to **Step 3.**

If your organization has never had courses recognized by the department and the course you want to submit for credit was developed by you or by an employee of your organization for your organization's use, continue to Step 3.

**Step 3: Complete the New Provider Application and Course Application.** Carefully reviewing the instruction pages for both will ensure a minimum of provider errors. Missing or incorrect information will cause the department to return your submission unprocessed.

**Step 4: Submit the New Provider Application and Course Application(s) on a timely basis.**

To: **Texas Department of Insurance**  
**Title Division MC 107-TL**  
**333 Guadalupe Street**  
**Austin, TX 78701**

**Plan for enough time for mailing** (both to the department and back to you) **and at least 20 days for processing.** Department rules specify that credit will not be awarded to licensees for courses taken or completed prior to the effective date assigned by the department. If your applications are returned as deficient, the requested 15 days starts over – so make sure to answer all the questions and attach all the required documents. During processing, we will not advise callers of the status on applications & strongly recommend providers not schedule course presentations until written confirmation of registration has been received.

To be considered complete, submissions from prospective CE providers must include the following:

- New Provider Application
- List of Officers, Directors, Partners, etc. (when applicable – see Section 2 Type of Organization)
- Additional information to question 4 in Section 3 Provider Information (when applicable)
- Course Application, (one or more may be submitted)
- Statement of the Learning Objectives for each application submitted
- Sample Certificate of Completion for each course application submitted

Send additional documents only if you are giving further explanations on the reasons for your answers. Feel free to write additional explanations or comments. Do not send the documents listed in Step 10 on the course application. You are required to maintain these documents in your files and provide them within 10 days if we request to review them.

**Step 5: Do not advertise department approval until you receive written confirmation.**

Advertising must not be misleading as to the content or requirements for successful completion. Any advertisement which mentions department approval must include the name of the provider as known to the department and the provider's ID number. If you do not have written confirmation of approval, the most you are authorized to print is "Pending registration by the Texas Department of Insurance".

**Step 6:** If you have any questions regarding the forms or rules, please take a moment to read over the instruction pages. We have tried to anticipate the most commonly asked questions. If you still have questions, you may contact us at **(512) 676-6475**.

## CONTINUING EDUCATION PROVIDER APPLICATION INSTRUCTIONS

The department registers courses for continuing education (CE), so that title agents and escrow officers may comply with the CE requirement mandated by the Texas legislature. Providers of CE courses who desire to participate in the Texas CE program must be willing to comply with the program rules, 28 TAC 9.1 Procedural Rule P-28. Prior to submitting a course for registration, the provider must evaluate the course content to determine if it meets the requirements for courses stated in the CE rules. Adequate course documents and records must be maintained by the provider for four years and must be available to the department at any time for audit purposes.

**The following correlates to the sections on the Provider Application.**

### Section 1

#### Demographic Information

***Please print the legal name of the provider organization and the official provider mailing address, phone and facsimile numbers, the provider's e-mail address and the physical address where the attendance records will be maintained.*** The mailing address is the address of record to which official correspondence, forms, notices, and other information will be sent. The mailing address must be a physical address. The phone number must be a number where we can reach the provider between 8 a.m. and 5 p.m. The department utilizes an electronic mail system and will send routine correspondence by e-mail when appropriate. The address where the course records will be maintained must be a physical address.

***List the name of one person you want to designate as the Authorized Provider Representative (APR).*** The APR is responsible to assure that submissions are timely and in accordance with department criteria and that the provider organization's continuing education documents and records are in compliance. The APR must be readily available to the department and be authorized to resolve issues regarding courses offered under the auspices of the provider organization. Although the APR is the department's primary contact with the provider organization, the APR may delegate course submission responsibilities to other persons within the provider organization.

### Section 2

#### Type of Organization

***Please check the box, which most accurately describes the provider organization.*** Companies or organizations not covered in choice 1-4 must provide the following additional information: Corporations must attach a current list of names of officers and directors; partnerships must attach a current list of partners; limited liability companies must attach a current list of the managers and members. The list must include the person's legal name, address, and position within the organization. Organizations which check choice 1 MUST list their TDI ID license number or NAIC ID number – not a previous continuing education provider number.

*New provider submissions which require a list of officers, directors etc. will be considered incomplete if received without the list and will be returned to the provider unprocessed.*

### Section 3

#### Provider Information

1. Fees are considered a charge to the licensee for taking the course of paperwork charges for the issuance of a certificate of completion or a requirement that the licensee become a member of an association in order to attend the course. Important: If you answer No & don't restrict your enrollment to members of your organization, you must provide an explanation of why you are providing free education.
2. Indicate if the provider restricts enrollment to members or employees only or appointed agents only.
3. Indicate on a separate sheet details of any administrative or legal action taken against the proposed provider by Texas or any other insurance department based on violations of education program rules.
4. Indicate your understanding of the course record requirements.

5. Indicate your understanding that the provider must select and qualify instructors for the course based on criteria in the rules.
6. Indicate your understanding that providers must notify the department of changes to the Authorized Provider Representative (APR), the provider's mailing address and phone number. Credit will not be allowed for course completions during any time that a provider's courses are removed from the list of active courses for failure to notify the department of pertinent provider information.

#### **Section 4**

##### **Persons Authorized to Sign Certificates of Completion**

Indicate one or two people who are authorized to sign Certificates of Completion for licensees who successfully complete your course for continuing education credit.

##### **Certification by the Provider**

In order to participate in the Continuing Education Program providers must certify to the department that they will comply with all provider and course requirements as outlined in the rules. The provider certification must be signed by a partner, officer, or director (or equivalent) of the provider organization. Original signature and position title are required.

**Providers must submit a complete course application & allow the department at least 20 days to process each course. We strongly recommend providers not schedule course presentations until written confirmation of registration has been received.**



NEW PROVIDER APPLICATION

PLEASE TYPE OR PRINT CLEARLY

DO NOT FAX THIS FORM

Section 1
Demographic Information

FEIN Number: Name of Provider:

Official Mailing Address:

STREET, PHYSICAL LOCATION, ROUTE (NO POST OFFICE BOXES)

CITY, STATE, ZIP CODE

Name of Authorized Provider Representative:

Phone Number: ( ) Fax Number: ( )

E-Mail Address:

Physical Address where course records will be maintained:

Section 2
Type of Organization

Indicate the type of organization:

1. Insurance company or Agency or Individual who is otherwise licensed by the department TDI company number:

(not the same as your provider number)

Agency or Individual TDI Title CE Provider Number:

2. Accredited College or University Regulated by what agency:

3. Proprietary School Regulated by what agency:

4. Insurance Related Association Name of Executive Director (or Equivalent):

5. Other type organization or company OR individual who presents self-designed courses

\* Attach a current list of names of the officers and directors, if a corporation, the partners if a partnership, or the officers, managers and members if a limited liability company.

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### Section 3 Provider Information

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1. Does the listed provider charge a fee?  Yes  No  
 NOTE: If you answer No to both questions 1 and 2, you must provide a brief explanation on your organization’s purpose for desiring to provide continuing education.
2. Does the listed provider restrict enrollment to appointed agents or members only?  Yes  No
3. Have the listed Authorized Provider Representative or any of the officers, directors, and shareholders of the Provider ever been subject of an administrative or legal action regarding CE or had their authority to offer continuing education courses withdrawn by Texas or any other insurance department based on violations of rules pertaining to an education program?  
 Yes  No                      If “Yes”, please give details on a separate page.
4. Do you understand that as a registered provider of continuing education you must maintain: attendance records, with licensee sign-in and sign-out sheets, some form of student record system which records course completion by both registered course number and licensee name? Also, that at some future date, providers will be required to provide electronic completion data to the department?  
 Yes  No
5. Do you understand that the provider must select course instructors who are experienced and qualified in the subject to be taught and ensure that each instructor meets at least one of the instructor criteria listed in the rules?  
 Yes  No
6. Do you understand that registered providers must notify the department within 30 days of changes to the information in Section 1? (Failure to notify will cause the department to immediately remove the provider and any active courses from the list of registered courses until such time the provider submits the new information.)  
 Yes  No

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### Section 4 Persons Authorized to Sign Certificates of Completion

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Certificates must have an original signature or a stamped signature. Stamped signatures are authorized provided adequate security measures are used to insure that it will only be used by the authorized signatory and the stamp is not accessible to the public. Unless the authorized signatory is restricted to signing certificates for a specific course, he/she may sign certificates for all courses registered by the provider. Additional signatories may be submitted after your organization has been registered.

<b>Name</b>	<b>Signature</b>
<b>Name</b>	<b>Signature</b>

**Persons Authorized to Sign Certificates of Completion** *(continued)*

I certify that courses submitted for registration by this provider organization will be presented in accordance with the continuing education rules as listed in 28 TAC Article 9.1 Procedural Rule P-28. I further understand that courses listed with the Texas Department of Insurance are registered only for completion by insurance title agents and title escrow officers licensed by the Texas Department of Insurance. I have read and understand the rules and I hereby certify that the information I have provided on this form and attachments is true and accurate and consistent with the standards for courses. I understand that false statements made to the Texas Department of Insurance may result in immediate removal of all courses from the list of registered courses, suspension from participation in the continuing education program and disciplinary action.

\_\_\_\_\_  
**ORIGINAL SIGNATURE OF AN OFFICER OF THE PROVIDER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**POSITION HELD**

**Certification must have an ORIGINAL signature (NO STAMPS OR COPIES)**