



MVP BUSINESS SOLUTIONS

Continuing Education Instructor Questionnaire

State CE - Property/Casualty

Instructions: The following form requests the necessary information to pre-qualify you to instruct CE

Courses in your state. **PLEASE FILL OUT** and click submit all information below the submit button will be completed at your Instructor Development Class

When you attend the Instructor Development Training, you will receive your instructors packet which will include a printed copy of your completed questionnaire. On the last day of the training you will complete the bottom portion and sign as indicated. These forms as well as your resume and copies of any degrees or licenses will be collected in a sealed envelopes and sent directly to QuestCE for processing.

***** **PLEASE BRING WITH YOU TO YOUR TRAINING CLASS THE FOLLOWING ITEMS:*******

1. A copy of a current resume
2. A copy of any degrees and /or certifications or licenses that would relevant to teaching / insurance or collision repair.

South Carolina must include a Letter of Employment. This letter must be on company letterhead and signed by HR/ Management/Supervisor/etc. of the applicant. This letter must include dates employed, job title, job description and responsibilities.

Arkansas The Instructor must have two (2) or more years of specific insurance experience and/or education related to the area of insurance training program in which they instruct and must be approved prior to teaching any course

Contact Information:

Name (as it appears on your Social Security card or professional license)

Last 4 Digits of Social Security Number *(Note a few states require full SS#, if the state your are applying for requires this you will be contacted directly by QuestCE)*

Date of Birth

Home Address

City

State

Zip

Home Telephone Number

Business Name

Continue > > >

Business Address

City

State

Zip

Business Telephone Number

Email

Are you a full time employee of the above listed shop?

Shop Email

If no please explain your employment arrangement or affiliation.

Professional Information:

Date Issued

State Held

License Property/Causality

Other: Please list

Have you ever been previously approved as an instructor?

If yes, when and in which states?

Do you have more than three years experience teaching the subjects for which approval is sought?

Do you have a related degree in the subject matter for which approval is sought?

If you did not answer yes to either of the above, do you have: A combination of 60 hours course credit toward a degree and two years experience in the subject matter for which approval is sought?

Or

Two years recent experience as a licensed insurance agent and a minimum of three (3) months practical experience in the subject matter for which approval is sought?

States your seeking instructor approval is sought:

Please note that the Insurance Industry is highly regulated that and rules and regulations can vary significantly from state to state. While some states require instructors to be approved by the state's DOI others require that the Provider, in this case PPG Industries, to accurately certify that instructors teaching under their providership meet the qualifications of the state. We understand that the below information is highly sensitive however the information is required as part of PPG's due diligence in maintaining accreditation as provider approved to offer Insurance Continuing Education.

Have you had a business or professional license subject to any disciplinary action such as a denial, suspension, restriction or revocation?

Have you ever been convicted of any crime *other than a minor traffic violation*?

Are there any criminal charges or disciplinary actions against you pending at this time?

Signatures:

Please note: Many states require your signature on the instructor application.

Do you give Quest CE permission to duplicate your signature on the instructor applications?

THE REMAINDER OF THIS APPLICATION WILL BE COMPLETED AT THE INSTRUCTOR TRAINING COURSE

Printed Name _____

Company _____

Please sign your name next to each number using a black or blue pen only.

Date

1 _____

2 _____

3 _____

All information provided on the attached questionnaire is kept confidential and used only for purposes of submitting application information to various Departments of Insurance.