KYP-01 (3-2010)

Kentucky Department of Insurance
Continuing Education/Pre-Licensing Program

Provider Approval Application

☐ **Continuing Education**

☐ **Pre-Licensing**

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name	FEIN	Prometric Use Only
Names and Titles of Owners or Officers (list below) *Name*	*Title*	
Address		
City	State	ZIP
Contact Person	Title	
Voice Phone #: Ext.	Fax #:	E-mail Address
URL: (Web site address)	How long have you been in business?	

Type of Organization: (check one)
☐ Insurance Company ☐ Professional Organization
☐ Independent Provider ☐ College/University
☐ Government Entity

New Providers for the State of Kentucky must include approval or exemption document from the Kentucky Board of Proprietary Education. For additional information on this requirement, please visit its Web site at: http://finance.ky.gov/ourcabinet/caboff/OAS/op/proped/ or phone directly (502) 564-3296.

Have you operated under any other name? ☐ Yes ☐ No

If yes,

Name	*Address*

I certify that I have read the requirements for Kentucky pre-license training or continuing education providers and agree to abide by them and will abide by Kentucky insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this Provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.

Applicant's Signature _____ Date _____

Print or Type Name _____ Title _____

Return this original completed form to Prometric, 1260 Energy Lane, St. Paul, MN 55108
Send a copy of this form to Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.