Office of the Superintendent of Insurance

Questions and Responses to RFP 2025-0001

Continuing Education Coordinator

Questions	Responses
Sequence of Events, RFP p. 7. **Question:** What is the anticipated award date?	OSI is anticipating an award date on or about the first part of March 2025. The award is subject to appropriate Department and State approval.
Cost Proposal, RFP, p. 22. **Question:** Please provide the current fees for: • C.E. Course Application – New • C.E. Course Application – Renewal • C.E. Provider Application – New • C.E. Provider Application – Renewal • Instructor Applications • Course Audits	C.E. Course Application – New - $80.00 C.E. Course Application – Renewal - $40.00 C.E. Provider Application – New - $0 C.E. Provider Application – Renewal - $0 Instructor Applications - $0 Course Audits – Please refer to Page 67 of the RFP.
Cost Proposal, RFP, p. 22. **Question:** Please provide the 2024 volumes for: • C.E. Course Application – New • C.E. Course Application – Renewal • C.E. Provider Application – New • C.E. Provider Application – Renewal • Instructor Applications • Course Audits	C.E Course Application New & Renewal 2024 – 1,086 C.E Provider Application New & Renewal 2024 – 18 Instructor Applications – 500+ Course Audits 2024 - 0
IV. Specifications. A. Detailed Scope of Work, Requirements, General. **Question:** Do you have a handbook for providers, or will we need to create one?	C E Coordinator will need to create one from the scope of work listed on the RFP
IV. Specifications. A. Detailed Scope of Work, 2. Requirements, RFP pp. 23-31. **Question:** Do you use only SBS for continuing education (CE) tracking or is there an internal system utilized as well?	OSI uses SBS only for CE Tracking
IV. Specification, A. Detailed Scope of Work, 13.4.7.11 Provider and Course Requirements. F. Enrollment. RFP p. 39. Question: How are the CE fees collected? Is anything remitted back to the Department?	Currently, the CE fees are being collected through SBS.

Office of the Superintendent of Insurance

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IV. Specifications. A. Detailed Scope of Work, 13.4.7.8 Insurance Continuing Education Coordinator, 2. Requirements. 2.7. RFP p. 29. **Question:** How many course audits are in person and how many are virtual? Are audits done on a monthly or annual basis?	Currently, OSI has not done any audits. Please refer to page 67 of the RFP.
IV. Specifications. A. Detailed Scope of Work, 2.3., RFP p. 25. **Question:** Will we be rostering/banking CE credits?	No.
IV. Specifications. A. Detailed Scope of Work, 2.2, RFP pp. 24-26. **Question:** Do you utilize the NAIC uniform continuing education application, or do you have your own state application?	OSI uses the NAIC uniform CE application only. New Mexico does not have its own application.
IV. Specifications. A. Detailed Scope of Work, 2. Requirements, RFP p. 23-31. **Question:** Will the OSI provide training for their processes on SBS, or will SBS be doing the training?	Either OSI or SBS will provide training.
Section 2.9, RFP p. 29. **Question:** Do you have sample reports that you can provide?	OSI does not have a report. CE Coordinator can create one for use.

STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE

SUPERINTENDENT OF INSURANCE

NEW MEXICO NON-RESIDENT INSTRUCTIONS AND APPLICATION FOR-CONTINUING EDUCATION COURSE RECIPROCAL APPROVAL

In order to obtain course approval on reciprocal basis, providers who have a home state (or course approval home state) should submit the following via their SBS provider account:

- Login to provider account ◊ https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?state=NM&dswid=-491
- Required attachments: NAIC CER Form along with the Home State Approval along with the forms below:
  - A statement identifying the knowledge, skills, or abilities the licensee is expected to obtain through completion of the course,
  - Specific instructions, to register, navigate and complete the coursework
  - A detailed course content outline showing the approximate times for major topics,
  - A detailed description of the course materials, including a course content word count, that demonstrates that the course supports the number of credit hours requested,
  - The method of evaluation by which the provider measures how effectively the course meets its objectives and provides for student input,
  - The total number of course hours requested for approval, including the method the applicant is using to determine the number of course hours and the number of hours included in the total number of course hours requested for approval that are ethics topics,
  - List of all courses approved times and states approved in,
  - Material that is current, relevant and accurate, and includes valid reference materials, graphics and interactivity,
  - Copy of course final exam,
  - Clearly defined objectives and course completion criteria,
  - A process to authenticate student identity,
  - A process for requesting and receiving CE Course-Completion Certificates/Certificate of Completion,
  - The course application fee,
  - For applicants determining self-study course hours by using the average of approved times in other states, a list of all courses approved times and the states in which the course is approved.
- Courses submitted prior to obtaining a Home State Approval will be rejected.

- The fee is $80 for each course submitted and payment is made through SBS at the time of submission.
- **Note:** You will be given the same number of credits as granted in your home state. Please do not submit the course for a different credit amount.
- Submit your request for course approval using SBS at least 30 days before the first date the course is offered for credit.

***** Courses submitted without the above requirements will be rejected *****

UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

Provider Information

Provider Name			FEIN # (if applicable)		
Contact Person		E-mail Address of Contact Person			
Phone Number ( ) - ext.	Fax Number ( ) -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address		City		State	Zip
Submitter Name (if different from provider contact person above)					
Submitter Phone Number		E-mail Address of Submitter			

Course Information

Course Title	
Date of Course Offering (if applicable)	Existing Course Number (if applicable)

Method of Instruction

Non-Contact / Asynchronous*

Self – Study

☐ Correspondence

☐ On-Line Training (Self-Study)

☐ Recorded Media

☐ Other _____

Word Count _____

Mandatory Run-time _____
(Interactive Components of Course)

Contact / Synchronous*

Classroom

☐ Seminar/Workshop

☐ Other _____

Webinar

☐ Virtual Class/Webinar/Video Conference

☐ Other _____

Measurement used for successful completion: ☐ Attendance ☐ Final Exam ☐ Other _____

Is this course open to the public? ☐ Yes ☐ No

National Designation? ☐ Yes ☐ No
If yes, Designation Type: _____

Difficulty (Check):	☐ Basic	☐ Intermediate	☐ Advanced

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs Requested by Provider		Hrs Approved by Home State		Hrs Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales /Mktg	Insurance
A. Producer Topics: (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viaticals, Annuities, etc.)						
Total Hours						
B. Adjuster Topics (Circle Appropriate Course Concentration)						
General						
Workers Comp						
Ethics						
Other _____						
Total Hours						
C. Public Adjuster (Circle Appropriate Course Concentration)						
General						
Ethics						
Other _____						
Total Hours						
Information Below is for Regulator Use Only						
Approval Date						
Course Number assigned						
Course approval expiration date						
Signature of Home State Regulator/Representative **OR** ATTACH Provider Home State Approval Form						
Signature of Reciprocal State Regulator/Representative **OR** ATTACH Reciprocal State Approval Form						

INSTRUCTION SHEET

NOTE: This course may NOT be advertised or offered as approved in the state to which application has been made until approval has been received from the insurance department.

1. **If you are a PROVIDER filing for approval from a Reciprocal State:**
   - *1.1* Make a sufficient number of photocopies of the Home State approval form to enable you to submit a copy of this application to each of the Reciprocal States where you are seeking credit.
   - *1.2* On each application, write the Reciprocal State and the provider number assigned to you by that state in the "Reciprocal State" and adjacent "Provider #" fields.
   - *1.3* Send the CER application, home state approval, if home state issues one, a detailed course outline, and the required fee to the reciprocal state. If this is a National Course *, the Providers will be allowed to submit an agenda that must include date, time, each topic and event location in lieu of a detailed course outline.
   - *1.4* Subsequent national course offerings should only be reported for events that are conducted in the "home" state.

   * **National Course** is defined as an approved program of instruction in insurance related topics, offered by an approved provider, and leads to a national professional designation or is a course offered to individuals who must update their designation once it is earned.

2. **If you are the HOME STATE or designated representative of the Home State:**
   - *2.1* After reviewing the course materials, complete the "Hrs Approved by Home State" column.
     3.1.1 Multiple types of credit and delivery methods can be approved using one CER Form.
   - *2.2* Enter the date of approval, course # assigned, course approval expiration date. Sign the CER Form OR attach the home state approval form.
   - *2.3* If the course is not approved, note it on the bottom of the CER Form.

3. **If you are the RECIPROCAL STATE or designated representative of the Reciprocal State:**
   - *3.1* After reviewing "Hrs approved by Home State" complete the "Hrs Approved by Reciprocal State".
     4.1.1 It is unnecessary for each state to perform a substantive review of continuing education courses that have previously been approved by the Home State.
     4.1.2 Reciprocal states cannot award different credits than the home state unless certain aspects are not allowed by state law.
   - *3.2* Enter the date of approval, course number assigned, course approval expiration date. Sign the CER Form OR attach the reciprocal state approval form.
   - *3.3* If the course is not approved, note it on the bottom of the CER Form.
   - *3.4* The reciprocal state agrees to approve the CER submission within 30 days of receipt.

Substantive Review – A thorough review of the course to confirm compliance with the home state's applicable laws and regulations for the approval of insurance continuing education. The review includes a determination whether the:

1. Subject matter meets the criteria for insurance education, to include approvable and non-approvable topic guidelines;
2. Provider has procedures for reviewing course material in order to keep it up to date and timely;
3. Course design and instructional strategies are appropriate for the method of delivery;
4. Credit hours are properly calculated based on instruction method;
5. Criteria for completing the course meets the standards applicable to the instruction method.

