

**STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT  
OF INSURANCE**



**Continuing Education  
Provider Information Packet**  
Administrative Services Provided by PSI Service.



**JUNE 2025**

Main Office: 1120 Paseo de Peralta, Fourth Floor, Santa Fe, NM 87501  
Satellite Office: 6200 Uptown Blvd NE, Suite 400, Albuquerque, NM 87110  
Main Phone: (505) 827-4601 | Satellite Phone: (505) 322-2186 | Toll Free: (855) 4 - ASK - OSI  
[www.osi.state.nm.us](http://www.osi.state.nm.us)



STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE  
**Provider Information Packet**

**INTRODUCTION**

Welcome to the New Mexico Office of Superintendent of Insurance (NM OSI) Education Provider Packet. This packet is designed to guide education providers through the process of submitting applications for processing and approved to offer continuing education (CE) courses for insurance professionals in New Mexico, in accordance with 13.4.7 NMAC. It outlines the requirements, procedures, and responsibilities for maintaining compliance with the New Mexico Office of Superintendent of Insurance (NM OSI)..

This packet contains the information required for education providers to become approved, register instructors, and have their courses approved for New Mexico Insurance Continuing Education. These requirements have been adopted by the New Mexico Office of Superintendent of Insurance (NM OSI). Failure to comply with the program requirements may result in the suspension or termination of the provider's authorization to offer courses.

This provider packet contains information that will guide providers on creating and submitting a provider, course, and instructor application packet. This packet also contains sample documents approved by the NM OSI for providers to add to their application packet or use as a guide to create your own.

Each application method will contain the requirements for submitting an application.

**Support**

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b><u>PSI Services – CE Dept.</u></b><br/>Phone: 877-526-6833<br/>Fax: 702-932-2666<br/>Email: nm-ceprocessing@psionline.com</p> <ul style="list-style-type: none"><li>• CE/PE Provider Applications &amp; Renewals</li><li>• New CE/PE Courses &amp; Course Renewals</li><li>• Course Revisions</li><li>• Instructor Applications</li></ul> | <p><b><u>NM OSI</u></b><br/>Phone: 855-427-5674/505-827-4601<br/>OSI Website: <a href="http://www.osi.state.nm.us/">http://www.osi.state.nm.us/</a><br/>Appeals Email: <a href="mailto:docketfiling@state.nm.us">docketfiling@state.nm.us</a><br/>Appeals Website:<br/><a href="https://edocket.osi.state.nm.us/home">https://edocket.osi.state.nm.us/home</a></p> <ul style="list-style-type: none"><li>• Licensee Issues</li><li>• Provider Exceptions</li><li>• Name Changes</li><li>• Course Roster Corrections</li></ul> |
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**General Information**

In order to obtain New Mexico Home State course approval providers must submit their application packet(s) via their SBS provider account: <https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?state=NM&dswid=-491>. Below are the lines of authority for a NM OSI course.

The lines of authority (course groups) below can be submitted together on the same course application.

- Casualty
- General
- Health
- Life
- Property
- Ethics

The specialty lines of authority (specialty course groups) below must be submitted separately from the regular lines of authority. Due to each line having their specific requirements each specialty line must be submitted separately.

- Adjuster
- Bail Bonds
- Crop/Hail
- Escrow
- Flood (3)
- Long Term Care
- Long Term Care Partnership (4/8)
- Stop Loss
- Title
- Variable

The NM OSI has their own verbiage for addressing a course method of instruction and their state categories for insurance. When submitting a course application through the SBS system, please use the chart below to determine which SBS course method combination you should select in SBS when submitting your courses for review and approval.

| Course Method                                  | SBS Course Method    |
|------------------------------------------------|----------------------|
| Classroom, Seminar/Workshop                    | Classroom, Seminar   |
| Webinar, Teleconference, Virtual Class         | Classroom Equivalent |
| Self-Study, Correspondence, Video/Audio/CD/DVD | Self-Study           |



STATE OF NEW MEXICO  
**OFFICE OF SUPERINTENDENT OF INSURANCE**

**NM Resident Application Checklist for CE Courses**

**\*\*ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE\*\***  
**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO**  
**RESUBMIT A COMPLETE PACKET.**

**Each Method of Presentation application must be submitted separately.**

**Self-study course requirements** per NMAC 13.4.7., A self-study course shall:

1. Specific instructions to register, navigate, and complete the course work.
2. All examination questions must be multiple choice and at least enough questions to fashion a minimum of two versions with at least fifty percent of the questions being new or different in each subsequent version.
3. Process for authenticating student identity such as passwords and security prompts.
4. Measuring the student's success in completing a course that includes the material, exam, and any proctor requirements.
5. The course provider shall provide a minimum of ten questions for each one-credit hour course and five additional questions for each subsequent credit hour. The student shall achieve a score of seventy percent or greater to pass the examination
6. A provider shall ensure that each licensee completes the course by requiring submission of a test or other written work evidencing understanding of the course
7. For applicants determining self-study course hours by using the average of approved times in other states, a list of all course approved times and the states in which the course is approved.
8. Providers may not include time spent by students on the final examination and pre-tests in determining course credit hours
9. A disinterested third-party attendant, an instructor, or a disinterested third party using visual observation technology shall visually monitor attendance either inside or at all exits of the course presentation area at all times during the course presentation.

**NM Application - Self-Study**

- NM Application
- Sample of Certificate of Completion
- Course purpose/objective
- Detailed outline with time allocations and word count
- Registration/Course Procedures
- Sample test with answer key
- Course Evaluation
- Attestation/Affidavit
- List of approved self-study CE Course(s) by state # of total states ÷ total # of all credits
  - for applicants determining self-study course hours by using the average of approved times in other states, a list of all course approved times and the states in which the course is approved.



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**NM Resident Application Checklist for CE Courses**

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**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO**  
**RESUBMIT A COMPLETE PACKET.**

**Each Method of Presentation application must be submitted separately.**

**Classroom course requirements** – Per NMAC 13.4.7., A classroom course shall:

1. Specific instructions to register, navigate, and complete the course work.
2. A disinterested third party attendant, an instructor, or a disinterested third party using visual observation technology shall visually monitor attendance either inside or at all exits of the course presentation area at all times during the course presentation.
3. An instructor shall be involved in each classroom presentation of the course.
4. A provider shall ensure that each licensee completes the course by monitoring the course to witness attendance and participation.
5. Providers shall make available a current list of scheduled courses including course content, applicable credits, course dates, instructor information and course location as appropriate. Providers shall collect course fees at the time of registration.
6. Student attendance is monitored and validated based on personally identifiable information
7. A course may utilize classroom instruction, lectures, seminars, panel discussions, question-and-answer periods, correspondence courses, online web-based courses and recorded presentations, as long as the provider can ensure that a licensee has completed the course.
8. If an attendee arrives more than 10 minutes after the start of the presentation, the attendee cannot receive CE credit and should not be allowed to sign the register.
9. Attendees must attend the entire presentation.
10. A monitor is required in addition to the instructor if the classroom exceeds 20 attendees.

**NM Application - Classroom**

- NM Application
- Sample of Certificate of Completion
- Course purpose/objective
- Detailed outline with time allocations
- Course Evaluation
- Sign-in/out Sheet



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**NM Resident Application Checklist for CE/PE Courses**

**\*\*ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE\*\***  
**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO**  
**RESUBMIT A COMPLETE PACKET.**

**Each Method of Presentation application must be submitted separately.**

**Webinar (Classroom Equivalent) course requirements** – Per NMAC 13.4.7 ., A classroom-equivalent (webinar) course shall:

1. Specific instructions to register, navigate, and complete the course work.
2. A disinterested third-party attendant, an instructor, or a disinterested third party using visual observation technology shall visually monitor attendance either inside or at all exits of the course presentation area at all times during the course presentation.
3. An instructor shall be involved in circumstances involving remote presentations, all students and the instructor do not need to be in the same location.
4. A provider shall ensure that each licensee completes the course by monitoring the course to witness attendance and participation.
5. Providers shall make available a current list of scheduled courses including course content, applicable credits, course dates, instructor information and course location as appropriate. Providers shall collect course fees at the time of registration.
6. Student attendance is monitored and validated based on personally identifiable information (e.g., username, password, email) and student participation in interactive exercises is required. Type of classroom study that is instructor-led, delivered using the internet to remote attendees, with a specific start time and end time, in which students enroll before gaining access to the instructor, information, and course activities.
7. A course may utilize classroom instruction, lectures, seminars, panel discussions, question-and-answer periods, correspondence courses, online web-based courses and recorded presentations, as long as the provider can ensure that a licensee has completed the course.
8. “Webinar” must be on the title of a classroom equivalent course.
9. Submit polling questions or verification codes; two for each credit hour of the course.
10. Submit a description of the process for monitoring and verifying attendance.
11. Submit a sample of the document to be used to record attendance and participation of each attendee.

**NM Application – Webinar (Classroom Equivalent)**

- NM Application
- Sample of Certificate of Completion
- Summary of course purpose/objective
- Detailed content outline with time allocations
- Course Evaluation
- Webinar (Classroom Equivalent) Guidelines
- Sample Webinar Affidavit



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**NM Non-Resident Application Checklist for CE/PE Courses**

**\*\*ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE\*\***  
**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO**  
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**Reciprocal Courses**

For a licensee to receive credit for a reciprocal course, the reciprocal course shall be approved in the provider's home state and have been submitted by the provider in its entirety to the coordinator for prior approval. The coordinator may choose to deny approval of any course hours that are related to the home state's laws or regulations or may deny any material, based on the NAIC's guidance. (State Administrative Code supersedes the NAIC agreement)

**NAIC Application – Self-Study**

- CER (NAIC) application
- Home State Approval
- Detailed Timed Outline for Self-study course with Word Count
- List of approved self-study CE Course(s) by state # of total states ÷ total # of all credits for applicants determining self-study course hours by using the average of approved times in other states, a list of all course approved times and the states in which the course is approved

**NAIC Application - Classroom**

- CER (NAIC) application
- Home State Approval
- Detailed Timed Outline for Classroom course

**NAIC Application – Webinar (Classroom Equivalent)**

- CER (NAIC) application
- Home State Approval
- Detailed Timed Outline for Webinar course
- Webinar Guidelines



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**NM Instructor Application Checklist**

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**Instructor Qualifications/Requirements**

**Qualified instructor** – per 13.4.7.7 S. means a person who has demonstrated competency in the subject matter of an approved course through one of the following means:

- a college degree from an accredited institution of higher learning with a major in insurance;
- a professional designation of CLU or CPCU or similar designation from an industry association;
- three or more years of practical experience in the subject matter being taught or monitored
- a qualified instructor shall not have been subject to any order of revocation, suspension, or other formal disciplinary action in any state;
- A provider of an approved course shall assure the NM OSI that instructors for all courses are qualified by practical or academic experience to teach the subject to be covered.
- For purposes of this rule, practical or academic experience shall include, but is not limited to,
  - Actual experience related to the kind of insurance which is the subject of the course
  - Undergraduate or graduate educational training
- Professional insurance industry designations such as but not limited to;
  - Chartered Property Casualty Underwriter (CPCU),
  - Chartered Life Underwriter (CLU),
  - Fellow of the Life Management Institute (FLMI)
- Instructors or subject matter experts (SME) shall be available to answer student questions during provider business hours.
- No instructor shall present a course without prior approval by the OSI coordinator.
- While presenting recorded or text materials, the instructor making the live course presentation does not have to be the same instructor included on the recorded presentation or who prepared the text materials.
- An instructor using visual observation technology shall visually monitor attendance either inside or at all exits of the course presentation area, at all times during the course presentation.
- Instructor resumes should be kept in the providers' CE file and must be available upon request.



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**NM Instructor Application Checklist**

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**Instructor Qualifications/Requirements**

**Required Documents**

- NM Instructor Application
- Resume. or Biography (If submitting a Bio, detailed information and specifics that relate to the line of authority applying for must be provided.)
- With the submission of each instructor application, the provider must include a list of courses the applicant (instructor) will be teaching.

**NOTE:** Application already includes the self-attestation statement. The instructor's application must be signed and dated by the provider and instructor. If any of the signatures or fields is left blank, the application will be automatically rejected.



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**NM Resident Application Reminders for CE Courses**

**\*\*ALL APPLICATIONS MUST BE CURRENT, COMPLETELY FILLED OUT, AND LEGIBLE\*\***  
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**RESUBMIT A COMPLETE PACKET.**

**REMINDERS**

- ❖ All applications must be current, filled out in their entirety, and legible if filled out manually.
- ❖ Courses applications submitted without the above requirements will be rejected.
- ❖ All fees are non-refundable, non-transferable
- ❖ A denial resulting from noncompliance with submission requirements is not subject to appeal. Appeals may only be submitted in cases where the determination was based on content ineligibility.
- ❖ Courses must be submitted through the SBS system. - <https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?state=NM&dswid=-491>
- ❖ Payment is made at the time of submission of an application using a credit card.
- ❖ The NM OSI does not round up or down on credits. All credits are in whole number increments
- ❖ Processing time for all applications is 30 days from the date received (not including weekends/holidays).
- ❖ If you are missing any of the required documentation, your application will be rejected
- ❖ All courses approved by the committee thereafter will expire two years after the date the course is approved.
- ❖ There is no grace period for the course or provider renewals that are not paid on or before the due date.
- ❖ Renewals. The original course application fee covers the period until the initial expiration of the course. Courses must be resubmitted for renewal, along with the renewal fee specified in Section 59A-6-1 NMSA 1978. Courses will not automatically be re-approved by the committee.
- ❖ “Credit hour” means 50 minutes of actual instruction or self-study time in an approved course
- ❖ “Non-contact” means self-study
- ❖ “Self-study” means course activities or information delivered outside of real time (recorded or otherwise similarly accessible) and available at any time, such as but not limited to correspondence, online training, video, audio, compact disk (CD) or digital versatile disk (DVD).
- ❖ “Classroom” means a course of instruction approved by the coordinator as satisfying the continuing education requirements of this rule or that has been previously approved by another state with which New Mexico has reciprocal privileges and that has been submitted by the provider and approved by the coordinator.
- ❖ “Classroom equivalent” means a type of classroom study that is instructor-led, delivered
- ❖ using the internet to remote attendees, with a specific start time and end time, in which students enroll before gaining
- ❖ access to the instructor, information, and course activities. Student attendance is monitored and validated based on personally identifiable information (e.g., username, password, email) and student participation in interactive exercises is required.



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**NM Resident Application Reminders for CE Courses**

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**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED. YOU WILL BE ASKED TO**  
**RESUBMIT A COMPLETE PACKET.**

**REMINDERS**

- ❖ Processing time for all applications is 30 business days from the date of submission.
- ❖ Rejections due to missing documentation cannot be appealed and must be resubmitted with all deficiencies addressed. All fees must be paid at the time of submission.
- ❖ Clearly defined objectives and course completion criteria.
- ❖ Material that is current, relevant, accurate, and that includes valid reference materials, graphics, and interactivity.
- ❖ Student attendance is verified based on identity (e.g., username, password, email, signature) and successful completion of knowledge assessments or an examination.
- ❖ Within 10 business days after the completion of the course of instruction by a licensee, the provider shall electronically submit an attendance roster to the superintendent and provide documentation of course completion to each producer that successfully completed the course with 10 business days of completion.
- ❖ All continuing education courses already approved by the coordinator at the time of the adoption of the final version of this regulation by the superintendent, will expire on April 1, 2025. All courses approved by the coordinator thereafter will expire two years after the date the course is approved.
- ❖ Electronic course submission. Beginning July 1, 2017 any provider wishing to have a course approved by the coordinator, shall submit each course for approval electronically. and should allow up to 60 days for the coordinator to approve a new course.
- ❖ If the student does not pass the exam the first time, the re-take exam must not have more than 5% of the questions used on the first exam. If the second attempt to pass is unsuccessful, the exams must be alternated until the exam is passed. A course of one credit hour must have 10 exam questions. Therefore, the total exam pool must have 15 questions. A course of 24 credit hours must have 125 exam questions and a total exam pool of 188 questions.
- ❖ Attendees must show government-issued photo identification and sign the attendance register, making sure to indicate their arrival and departure times to verify completion.
- ❖ A technical support or provider representative should be available during business hours, and responses to student questions should be provided within twenty-four hours of initial contact.
- ❖ Verification of attendance cannot be accepted by phone or computer.
- ❖ A course cannot be advertised until approved.
- ❖ Statement of approved courses. Providers of approved courses shall include the following written statement in the course materials for each approved course: ***“This course has been approved by the New Mexico Insurance Continuing Education Coordinator as New Mexico Insurance Continuing Education Course Number (insert number) for (insert number) hours of credit.”***



STATE OF NEW MEXICO  
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**NM Appeals Process**

**How to Submit an Appeal CE Course Providers**

This document outlines the step-by-step appeals process for education providers submitting continuing education courses to the New Mexico Office of Superintendent of Insurance (OSI).

**1. Receiving a Notice of Contemplated Action**

- If OSI intends to deny a course or impose a penalty, they will issue a “**Notice of Contemplated Action**”.
- This notice outlines the reasons for the decision and the specific violations or deficiencies.

**2. Requesting a Hearing**

- The provider has the right to request a hearing to contest the decision.
- This request must be made within 30 days of the date of the notice.

**3. Submitting Through the eDocket System**

- The hearing request must be submitted through the OSI eDocket system:
- Website: <https://edocket.osi.state.nm.us/home>
- You must register on the eDocket system before submitting documents.
- Documents should also be filed with OSI Records/Docketing via email: [docketfiling@state.nm.us](mailto:docketfiling@state.nm.us)

**4. The Hearing Process**

- Once the hearing is scheduled, both parties may present evidence.
- The Superintendent will issue a written order after the hearing, which may uphold, modify, or reverse the original decision.

For more information, please refer to the OSI guidelines or contact the OSI Records/Docketing office. You may also contact the NM OSI Phone: 855-427-5674



**STATE OF NEW MEXICO**  
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**Additional information**

Per 13.4.7.11 NMAC the information below is required for processing of a new education provider request. Failure to comply will result in a denied application.

**PROVIDER REQUIREMENTS:**

- ❖ Completed provider application
- ❖ the provider's website address;
- ❖ a link that will be provided for licensees to review course dates, location, and content;
- ❖ procedures that will be used to process online enrollment in courses, including payment via credit card
- ❖ experience and qualifications of the course instructors.

**Attendance records**

NMMAC 13.47.11 (J) Within ten business days after the completion of the course of instruction by a licensee, the provider must electronically submit an attendance roster to the superintendent. Rosters will be uploaded using SBS.

The attendance register(s) must show each attendee's arrival time with signature and departure time with signed initials. The instructor or monitor must sign the attendance register.

If electronic monitoring is used, the attendance record also includes the electronic monitoring report showing the arrival time and departure time of each attendee for each session.

Identify the following in the heading of the attendance register and in the electronic monitoring report:

- Approved course title
- Course number
- Name of the session
- Date and time of the session

**NM OSI FEES**

New Course ..... \$80.00  
Course Renewal ..... \$40  
New Instructor ..... \$0  
Banking of Credits ..... \$1 per credit/hour



**STATE OF NEW MEXICO**  
**OFFICE OF SUPERINTENDENT OF INSURANCE**  
**Continuing Education Instructor Application**

Application must be filled out completely  
All fields are required unless specified

**Provider Information**

|                                                                                                                                                                                                                                                                                                                              |                            |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|
| <b>Provider Name:</b>                                                                                                                                                                                                                                                                                                        | <b>Provider NM Number:</b> |                       |
| <p>I attest that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor. Further, the individual named as an instructor has been approved by this Provider.</p> |                            |                       |
| <b>Print/Type Name of Provider Representative</b>                                                                                                                                                                                                                                                                            | <b>Signature</b>           | <b>Date</b>           |
| _____                                                                                                                                                                                                                                                                                                                        | _____                      | _____                 |
| <b>Title/NPN (if applicable)</b>                                                                                                                                                                                                                                                                                             | <b>Provider Phone #</b>    | <b>Provider Email</b> |
| _____                                                                                                                                                                                                                                                                                                                        | ( ) _____                  | _____                 |

**Instructor Contact Information**

|                               |                   |                                                   |
|-------------------------------|-------------------|---------------------------------------------------|
| <b>Instructor Last Name</b>   | <b>First Name</b> | <b>Middle Initial</b>                             |
| _____                         | _____             | _____                                             |
| <b>Mailing Address Line 1</b> |                   | <b>Mailing Address Line 2 (Apt., Unit, Bldg.)</b> |
| _____                         | _____             |                                                   |
| <b>City</b>                   | <b>State</b>      | <b>Zip Code</b>                                   |
| _____                         | _____             | _____                                             |
| <b>Phone Number</b>           |                   | <b>Ext.</b>                                       |
| ( ) _____                     |                   | _____                                             |

**Instructor Requirements**

Have you ever been licensed under a different name? If so, please enter information below. Enter N/A if not applicable.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |            |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|--------------|
| <b>Last, First Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Instructor ID</b> | <b>NPN</b> | <b>State</b> |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                | _____      | _____        |
| <p><b>Instructor Qualifications - Instructor must meet the requirements below. Please select all that apply</b></p> <p><b>Qualified instructor</b> – per 13.4.7.7 S. means a person who has demonstrated competency in the subject matter of an approved course through one of the following means:</p> <ul style="list-style-type: none"><li>• a college degree from an accredited institution of higher learning with a major in</li><li>• insurance;</li><li>• a professional designation of CLU or CPCU or similar designation from an industry association;</li><li>• three or more years of practical experience in the subject matter being taught or monitored</li><li>• a qualified instructor shall not have been subject to any order of revocation, suspension, or other formal disciplinary action in any state;</li></ul> |                      |            |              |



**STATE OF NEW MEXICO  
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**Continuing Education Instructor Application**

**Application must be filled out completely**

All fields are required unless specified

**Instructor Acknowledgement**

*I attest that the information on this form is true and correct to the best of my knowledge and the information accurately represents my qualifications to teach insurance courses. **I have not been subject to any order of revocation, suspension, or other formal disciplinary action in any state**; I understand the information on this form is subject to verification through the audit process. I agree to abide by all NM OSI statutes, regulations, and program requirements regarding insurance and insurance continuing education.*

\_\_\_\_\_  
**Print/Type Name of Instructor**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Office use only**

Completed Date: \_\_\_\_\_

Notification Date: \_\_\_\_\_

Processor Initials: \_\_\_\_\_



STATE OF NEW MEXICO  
**OFFICE OF SUPERINTENDENT OF INSURANCE**  
**Continuing Education Provider/Course Application**  
**NM Resident**

**Application must be filled out completely**

**All fields are required unless specified**

**Provider Information**

|                                         |              |                          |                                   |                           |                 |
|-----------------------------------------|--------------|--------------------------|-----------------------------------|---------------------------|-----------------|
| <b>Provider Name</b>                    |              |                          |                                   | <b>NM Provider Number</b> |                 |
| <b>Mailing Address 1</b>                |              | <b>Mailing Address 2</b> | <b>City</b>                       | <b>State</b>              | <b>Zip Code</b> |
| <b>Submitter Name</b>                   | <b>Title</b> | <b>Email Address</b>     | <b>Phone</b>                      | <b>Fax (if available)</b> |                 |
| <b>Course Offering/Schedule Website</b> |              |                          | <b>Education Provider Website</b> |                           |                 |

**Course Information**

|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Course Title</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                          | <b>Requested Credits?</b>                                                                                                                                                                                                                                             |
| <b>Course Method of Instruction</b> – Each method of instruction requires a separate application packet. Select one and fill in the information.                      |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |
| <b>Classroom</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>• Workshop</li><li>• Seminar</li><li>• Lecture</li></ul> <b>Total Time:</b> _____     | <b>Classroom Equivalent</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>• Webinar</li><li>• Teleconference</li><li>• Virtual Class</li><li>• Web-based Conference</li></ul> <b>Total Time:</b> _____<br><b>NOTE:</b> This method will require “Webinar” in the title. | <b>Self-Study</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>• Correspondence</li><li>• Online training (at your pace)</li><li>• Video/Audio/CD/DVD</li><li>• Recorded Media</li></ul> <b>Total Time:</b> _____<br><b>Total Word Count:</b> _____ |
| <b>Course Concentration (Category):</b> Please check the requested course group.                                                                                      |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Adjuster<br><input type="checkbox"/> Escrow<br><input type="checkbox"/> Health<br><input type="checkbox"/> Property                          | <input type="checkbox"/> Bail Bonds<br><input type="checkbox"/> Ethics<br><input type="checkbox"/> Life<br><input type="checkbox"/> Stop Loss                                                                                                                                            | <input type="checkbox"/> Casualty<br><input type="checkbox"/> Flood<br><input type="checkbox"/> LTC-Partnership<br><input type="checkbox"/> Title                                                                                                                     |
| <input type="checkbox"/> Crop/Hail<br><input type="checkbox"/> General<br><input type="checkbox"/> Long Term Care<br><input type="checkbox"/> Variable                |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |
| <b>Note:</b> Only courses requesting the main lines of authority and Ethics courses can be combined in one application. All other lines must be submitted separately. |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |

Main Office: 1120 Paseo de Peralta, Fourth Floor, Santa Fe, NM 87501  
Satellite Office: 6200 Uptown Blvd NE, Suite 400, Albuquerque, NM 87110  
Main Phone: (505) 827-4601 | Satellite Phone: (505) 322-2186 | Toll Free: (855) 4 - ASK - OSI  
[www.osi.state.nm.us](http://www.osi.state.nm.us)



STATE OF NEW MEXICO  
**OFFICE OF SUPERINTENDENT OF INSURANCE**  
**Continuing Education Provider/Course Application**  
**NM Resident**

**Application must be filled out completely**

All fields are required unless specified

|                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Is this course open to the public?</b><br><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Is this course towards a National Designation?</b><br><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>If yes, designation type:</b> _____ | <b>Is this course...</b><br><br><input type="checkbox"/> New<br><input type="checkbox"/> Renew<br>• <b>Course #:</b> _____<br>• <b>Exp. Date:</b> _____<br><br><input type="checkbox"/> Revision<br>• <b>Course #:</b> _____<br>• <b>Exp. Date:</b> _____ | <b>How will course attendance and completion be verified?</b><br><br><input type="checkbox"/> Sign-in/out Sheet<br><input type="checkbox"/> Webinar Affidavit<br><input type="checkbox"/> Final Exam<br><input type="checkbox"/> Other: _____<br>_____ |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Provider Acknowledgement**

*I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all applicable policies and program requirements established by the New Mexico Office of Superintendent of Insurance.*

\_\_\_\_\_  
**Print/Type Name of Provider Representative**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Office Use Only**

**Date Processed:** \_\_\_\_\_

**Approved Course Number:** \_\_\_\_\_

**Processor Initials:** \_\_\_\_\_

**Notification Date:** \_\_\_\_\_



**STATE OF NEW MEXICO**  
**OFFICE OF SUPERINTENDENT OF INSURANCE**

**SAMPLE ACCEPTABLE COURSE OUTLINE**

**DIRECTORS' AND OFFICERS' LIABILITY**

- 25 minutes 8:30 – 8:55 I. Recent history of D&O liability exposure
- A. Trends in D&O claim frequency and severity
  - B. Major problem areas
    - 1. Federal securities laws
    - 2. Mergers/acquisitions
    - 3. Pollution claims
    - 4. Financial institutions claims
    - 5. Third-party claims
  - C. Recent large settlements and judgments

- 25 minutes 8:55 – 9:20 II. Legal concepts underlying the D&O exposure
- A. Basic legal duties of Directors and Officers
    - 1. Duty of obedience
    - 2. Duty of loyalty
    - 3. Duty of care
  - B. To whom duties are owed
  - C. Common defenses
  - D. Recent legislation limiting director liability

9:20 – 9:30 BREAK

- 50 minutes 9:30 – 10:20 III. Common exclusions
- A. Public policy exclusions
    - 1. Dishonesty
    - 2. Gaining an illegal profit or advantage
    - 3. Section 16(b) of the Securities Exchange Act
    - 4. Return of excessive remuneration
  - B. Intended to be covered elsewhere
    - 1. Libel and slander
    - 2. Nuclear energy
    - 3. Employment practice

10:20 – 10:30 BREAK

- 50 minutes 10:30 – 11:20 IV. Case study
- Review of ABC Corporation's stockholder lawsuit alleging mismanagement by the corporation's board of directors and senior management. Study includes review of facts, company's defense and participation in defense by the insurer.

**Reasons for acceptability:**

- 1. Sufficient detail on subject matter covered.
- 2. Sufficient detail on amount of time spent on each topic.
- 3. Insurance policy content is a topic that qualifies for credit.
- 4. Breaks are noted on the outline. Ten minutes per hour of instruction are recommended.
- 5. Case study is described. It is useful to include the case study materials with the outline.



**STATE OF NEW MEXICO**  
**OFFICE OF SUPERINTENDENT OF INSURANCE**

**SAMPLE UNACCEPTABLE COURSE OUTLINE**

**ADVANCED WORKERS' COMPENSATION SEMINAR**

- 8:00 a.m. – noon
- I. Introduction
  - II. Policy coverages
    - A. Benefits to injured workers
    - B. Employer liability
  - III. Writing workers compensation coverages with Middle Atlantic Life and Casualty
    - A. Sales support to agents
    - B. Price and service comparisons to competitors
  - IV. Use of technology by agents to service clients
    - A. Wonder Wizard Claim Reporting Software
    - B. Visit the Middle Atlantic Life and Casualty interactive Website

Working luncheon

- Noon – 1:00 p.m.
- V. Reserving
- 1:00 p.m. – 4:00 p.m.
- VI. Loss control activities
  - VII. Case studies
  - VIII. Panel discussion with experts

**Deficiencies in this outline:**

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.



STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE

Classroom Sign-in/Out Sheet

Provider Name: \_\_\_\_\_ Provider ID \_\_\_\_\_

Course Date \_\_\_\_\_ Course Name: \_\_\_\_\_

Course ID \_\_\_\_\_ Instructor Name: \_\_\_\_\_

| Student Name<br>(Print) | Student<br>NPN | Time<br>IN | Signature | Time<br>Out | Signature |
|-------------------------|----------------|------------|-----------|-------------|-----------|
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STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE

**Certificate of Completion**

**Name of Student:** \_\_\_\_\_

**NM License #/NPN:** \_\_\_\_\_

**This certifies that the individual named has successfully completed the course requirements for:**

**Course Name:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_ **Date of Course Completion:** \_\_\_\_\_

**Provider Number:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Provider Phone Number (including area code):** \_\_\_\_\_

*This course has been approved by the New Mexico Insurance Continuing Education Coordinator as New Mexico Insurance Continuing Education Course Number (insert number) for (insert number) hours of credit*

**Signature of Authorized Provider Official:** \_\_\_\_\_

**Title of authorized Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**STATE OF NEW MEXICO**  
**OFFICE OF SUPERINTENDENT OF INSURANCE**  
**AFFIDAVIT OF WEBINAR ATTENDANCE**

Please complete the Affidavit of Webinar Attendance Form for each registered student that is requesting Continuing Education credit. **A single form may not be used to acknowledge the attendance of more than one registered student.**

This form must be **COMPLETED IN FULL by the attendee.** Failure to complete this form and return within the allotted amount of time may result in loss of credit.

|                                    |  |
|------------------------------------|--|
| <b>Attendees Full Name:</b>        |  |
| <b>License Number:</b>             |  |
| <b>National Producer Number:</b>   |  |
| <b>State Requesting Credit IN:</b> |  |
| <b>Webinar Course Title:</b>       |  |
| <b>Webinar Course Date/Time:</b>   |  |

**Acknowledgement of Personal Responsibility**

**I certify that I personally participated in and attended all sessions of the Webinar course referenced above.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:** To ensure CE credit for the Webinar (Classroom Equivalent) course referenced above this form must be completed and returned completed.