



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

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

Course Information

Course Title		Requested Credits?
Course Method of Instruction – Each method of instruction requires a separate application packet. Select one and fill in the information.		
Classroom ☐ • Workshop • Seminar • Lecture Total Time: _____	Classroom Equivalent ☐ • Webinar • Teleconference • Virtual Class • Web-based Conference Total Time: _____ NOTE: This method will require “Webinar” in the title.	Self-Study ☐ • Correspondence • Online training (at your pace) • Video/Audio/CD/DVD • Recorded Media Total Time: _____ Total Word Count: _____
Course Concentration (Category): Please check the requested course group.		
☐ Adjuster ☐ Escrow ☐ Health ☐ Property	☐ Bail Bonds ☐ Ethics ☐ Life ☐ Stop Loss	☐ Casualty ☐ Flood ☐ LTC-Partnership ☐ Title
☐ Crop/Hail ☐ General ☐ Long Term Care ☐ Variable		
Note: 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



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