

Success Live CE Instructor Qualification Form

Email completed form to *JuliaM@SuccessCE.com* with bio and/or resume

Live CE Coordinator: Julia Moyes

Success Live CE
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To secure instructor approval for you to deliver continuing education courses, the information on this form needs to be as complete and accurate as possible.

| Personal Information | | Company Information | |
|----------------------|--|---------------------|--|
| Legal Name: | | Company: | |
| | | Job Title: | |
| Home Address*: | | Business Address: | |
| Home Phone: () | | Business Phone: () | |
| Mobile Phone: () | | Fax: () | |
| Email: | | Email: | |

| | |
|-------|---|
| DOB: | Have you ever been denied and insurance license or received disciplinary action such as having an insurance license suspended, revoked, or surrendered? YES ____ NO ____ If yes, attach a statement providing complete details |
| SSN*: | |

*SSN REQUIRED by the Departments of Insurance to obtain instructor approval in FL, MI, NY, SC

| | |
|------------------|------------------|
| Billing Contact: | Phone: |
| Email: | Billing Address: |

| | |
|-----------------|------------|
| Assistant name: | Phone: () |
| Email: | |

Many states require your signature on the instructor application. We can use a digital signature in most states. Do you give Success CE permission to duplicate your signature in the states that allow digital signatures? YES ____ NO ____

If yes, please sign below. If no, you will be provided with forms to sign in the state(s) where needed.

X

Professional Information:

Insurance Licensed:

L/H License #: _____ Date Issued: _____
 P/C License #: _____ Date Issued: _____
 Home State: _____

Securities Licensed:

Series 6 - CRD#: _____ Date Issued: _____
 Series 7- CRD#: _____ Date Issued: _____
 Series 63 - CRD#: _____ Date Issued: _____

List all states in which you have an insurance license:

CFP License #: _____
 CLU/ChFC License #: _____
 CPA License #: _____
 CIMA License #: _____
 JD - State/#: _____
 Other: _____

List all states in which you are requesting Insurance CE Instructor Certification:

Indicate which designations in which you are requesting CE Instructor Certification:

CFP CLU/ChFC CIMA CPA

Work History: Please give as much detail as possible, and be product specific

| Date: | Company: | Position/Duties/Product Type: |
|----------------------------------|------------------|-------------------------------|
| From: ____/____ To: Present | Current Company: | |
| From: ____/____ To: ____/____ | | |
| From: ____/____ To: ____/____ | | |
| From: ____/____ To: ____/____ | | |

Education:

College/University Name: _____ Years Attended: _____ to _____

Degree/Major: _____

College/University Name: _____ Years Attended: _____ to _____

Degree/Major: _____

Signature: _____ Date: _____