Department of Consumer & Business Services
**Insurance Division — 3**
P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7981, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

# Continuing Education Provider Registration

Submit this form in duplicate with a self-addressed stamped envelope.

1. _____
Business name

Business address Street/P.O. Box _____ City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail address _____ Web site address _____

Contact person _____

2. Provide a list of all states in which the provider is authorized to conduct continuing-education courses.
3. Provide a list of all employees or contractors who supervise or conduct and certify completion of courses. If any of these individuals hold or have held an insurance license of any kind, provide the state-issued license number and indicate whether the license is current.
4. Has this organization or any of its employees or contractors who supervise or conduct and certify completion of a course had a history of noncompliance with insurance statutes or rules or had an agent license or other insurance license revoked, suspended, or refused because of violations of or noncompliance with insurance statutes or rules?

   ☐ Yes ☐ No If ***yes***, provide name and complete details, including copies of administrative orders.
5. If the provider is a firm, corporation, or trade association, provide a list of the principal officers.
6. Registered providers in Oregon that use assumed business names must file all such names with the Oregon Corporation Division and provide proof of name registration to the Insurance Division.

   A registered provider shall notify the director of DCBS of any change of address, telephone number, or contact person within 30 days after such change takes effect.

   A registered provider shall include a statement in all promotional material published by the provider that the provider is registered with the Insurance Division but that registration does not imply endorsement by the Insurance Division.

**INSURANCE DIVISION USE ONLY**

Provider registration number: _____ Expiration date: January 1, _____

DEPARTMENT OF CONSUMER & BUSINESS SERVICES
440-2162 (1/09/COM/WEB)