

CONTINUING EDUCATION (CE) PROGRAM COORDINATOR APPLICATION

(WA CEPCA 1-2017)

This application must be submitted to the Office of the Insurance Commissioner by the new CE program coordinator within **30 days** of the CE program coordinator change. Email this completed form to insedu@oic.wa.gov or fax to 360-586-2019.

Provider name:

Provider number:

Provider mailing address:

City, State and ZIP code:

Provider phone number and extension:

Provider email address:

Continuing education program coordinator name:

Coordinator phone number and extension:

Coordinator email address:

1. Have you (CE program coordinator) been convicted of a felony as an adult within the last ten years?

Yes **No**

2. Have you (CE program coordinator) been involved in an administrative action that resulted in a fine, probation, suspension or revocation regarding your professional or occupational license in the past five years?

Yes **No**

3. Have you (CE program coordinator) been found liable in a lawsuit or arbitration proceeding involving allegations of fraud, conversion of funds or breach of a fiduciary duty in the past ten years?

Yes **No**

If you answered "Yes" to any of these questions, provide an explanation on a separate page.

I certify the information provided on this form is complete and true and I have reviewed WAC 284-17-200 to 284-17-312.

<http://apps.leg.wa.gov/wac/default.aspx?cite=284-17>

Name:

Date: