



# North Carolina Department of Insurance

## APPLICATION FOR PROGRAM DIRECTOR APPROVAL

1. Full Name _____	2. Social Security Number _____
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3. Residence Address _____ _____	Telephone (    ) _____
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4. Business Address _____ _____	Telephone (    ) _____
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5. Name and Street Address of Sponsoring Institution/Company _____ _____
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6. Qualifications - Must Check One  <input type="checkbox"/> Two or more years of experience as an instructor of insurance or an education administrator; or <input type="checkbox"/> Six or more years of experience in the insurance industry with two years in insurance management; or <input type="checkbox"/> Other equivalent experience to qualify as Program Director (describe on separate sheet).
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7. If the Answer to Either Question is "Yes", Attach Statement Providing Complete Details
7a. Have you ever been denied an insurance license or had an insurance license or any other professional/occupational license suspended, revoked, or surrendered in North Carolina or elsewhere? _____ YES    _____ NO
7b. Have you ever been convicted of any criminal offense (other than minor traffic offenses)? _____ YES    _____ NO

8. Recommendation of School/Company President or Chief Academic/Operating Officer
I hereby recommend that this applicant be approved Program Director for the program being conducted by the sponsoring institutions/company named in item 5 of this approval application form.
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>

AS-PL-3 (6-00)

9. Education  
9a. College or University

Name of School	Did You Graduate?	Type of Degree	Dates Attended

9b. Professional Development Courses (e.g. courses sponsored by IIANC, CAPIA, or similar professional organizations. Do not list company/franchise/in-service training courses).

Title of Course	Name of School	Subject Area(s) Covered	Number of Classroom Hours

9c. College Insurance Courses

Title of Course	Name of School	Subject Area(s) Covered	Number of Credit Hours	
			Sem. Hours	Qtr. hr

10. Insurance Related Work Experience

10a. Employer \_\_\_\_\_ Length of Employment \_\_\_\_ yrs. \_\_\_\_ months

Position Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10b. Employer \_\_\_\_\_ Length of Employment \_\_\_\_ yrs. \_\_\_\_ months

Position Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10c. Employer \_\_\_\_\_ Length of Employment \_\_\_\_ yrs. \_\_\_\_ months

Position Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Signature of Applicant

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes ground for denial of approval or for suspension/revocation of approval if granted.

\_\_\_\_\_

Date

Signature