



Department of Consumer & Business Services

Insurance Division – 3

P.O. Box 14480, Salem, OR 97309-0405
350 Winter St. NE, Room 440, Salem, Oregon
Phone (503) 947-7981
www.oregoninsurance.org

Continuing Education
Provider Registration

Submit this form in duplicate.

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.
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?
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,

