



North Carolina Department of Insurance

APPLICATION FOR BAIL BOND CE PROVIDER APPROVAL

Mail To: NC Dept of Insurance, Bail Bond Regulatory Division, 1201 Mail Service Center, Raleigh, NC 27699-1201

FOR INTERNAL USE ONLY: Assigned Provider Number _____

Provider Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ **Telephone:** (_____) _____

E-Mail Address: _____

Qualifications:

1. Are you or have you ever been a provider of continuing education in another state and if so what state(s)? _____

2. Have you ever had your provider authority suspended or revoked and if so give the provider name and the state(s)? _____

3. Has the continuing education provider or any of its owners, directors, officers, LLC members, LLC managers, partners, or individuals ever been convicted of or currently charged with committing a crime, whether or not adjudication was withheld? _____

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If yes, attach a statement providing complete details, a copy of the charging document and a copy of the official document that demonstrates the resolution of the charges or any final judgment.

I certify that the answers and information herein are true and correct to the best of my knowledge. I understand that disclosure of false information constitutes grounds for authority denial.

Authorized Signature

The Provider Agrees To:

1. Properly monitor participant attendance and attention;
2. Issue certificates of attendance or completion to any participant who satisfactorily completes an approved course offering;
3. Monitor the activities of persons conducting, supervising, instructing, proctoring, monitoring, moderating, facilitating, or in any way responsible for the conduct of any of the activities associated with the approved course offering(s);
4. Maintain records for five (5) years for each attendant of this provider’s course(s);
5. Submit course attendance records for each class electronically within 15 business days after course completion for the students issued course completion/attendance certificates;
6. Resolve within 15 days after the discovery of the error by the provider an error on the licensee's record that is caused by the provider in submitting the course attendance records; and
6. File with the Commissioner information giving exact dates, time and locations for each scheduled class. This information shall be submitted no later than 30 days prior to any class offering.

Authorized Signature

Date