INDIANA DEPARTMENT OF INSURANCE
NAVIGATOR PRECERTIFICATION EDUCATION PROGRAM
APPLICATION FOR APPROVAL

(check all that apply) New Application ☐ Renewal Application ☐

Open to the Public ☐ In-House ☐ Classroom Program ☐ Self-Study Program ☐

Provider Information:

Provider Name:		
Provider ID (if applicable):	FEIN:	
Street Address:		
City:	State:	Zip Code:
Published Phone #:	Email:	Website:
Contact Person:		
Phone Number:	Email:	

Materials & Course Information:

Text Title:
Publisher/Edition:
Other Materials:

Schedule of Courses: (check all that apply) ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ SN		
Hours classes will be held:	Start Time: _____	End Time: _____

Total Number of Course Hours/Credits Requested: _____

Certification by Course Director:

I certify that I have read and understand administrative rule 760 IAC 4-8, regarding Navigator Precertification Education Program Requirements, and that the program and its instructors will comply fully with the requirements. I further certify that program facilities are designed or equipped to assure full and free access by disabled persons, but failing this, I certify that program personnel will be available before, during and after scheduled classes to assist any handicapped person as may be necessary.

_____ _____

Signature of Course Director Date

_____

Printed Name of Course Director

The following must be included with application: One (1) original set of all documents, $50.00 filing fee, $25.00 director fee, $10.00 instructor fee (per instructor), content outline/agenda and text material.

Mail submission to: Indiana Department of Insurance, 311 W. Washington St, Indianapolis, IN 46204

PROGRAM DIRECTOR APPLICATION FOR APPROVAL

(check one) New Application ☐ Renewal Application ☐

Program Director Information:

Name:	DOB: ____/_____/_____	SSN: XXX-XX-_____
Phone Number:	Email:	

Sponsoring Navigator Precertification Education Program:

Provider Name:		Provider ID (if applicable):
Street Address:		
City:	State:	Zip Code:

Qualifications (Must Select At Least One)**:**

☐	Two (2) or more years of experience as an instructor in the insurance or healthcare industry, or an education administrator in the insurance or healthcare industry. (If selected, a detailed description or resume must be attached.)
☐	Six (6) or more years experience in the insurance or healthcare industries, with a minimum of two (2) years in insurance or healthcare management. (If selected, a detailed description or resume must be attached.)
☐	A certified Indiana Navigator. **Navigator Certification Number:** _____

Please answer each of the following questions:

YES	NO	Question
☐	☐	Have you ever been denied an insurance license or had an insurance license, navigator certification or any other professional license suspended or revoked in Indiana or elsewhere? (If YES, you must attach statement providing complete details.)
☐	☐	Have you ever been convicted a criminal offense (including misdemeanors, felonies, or military offenses)? (If YES, you must attach statement providing complete details.)
☐	☐	Do you currently have any outstanding fines imposed by the Commissioner of Insurance? (If YES, you must attach statement providing complete details.)
☐	☐	Are you on the most recent tax warrant list supplied by the Indiana Department of Revenue? (If YES, you must attach statement providing complete details.)

EDUCATION:

Did you graduate from high school? ☐ YES ☐ NO If YES, Year of Graduation: _____

Name of High School: _____ City: _____ State: _____

EMPLOYMENT:

Current Employer:		Employer Phone #:
Street Address:		
City:	State:	Zip Code:
Title of Position:	Immediate Supervisor:	

Signature of Program Director

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

Signature of Program Director Date

INSTRUCTOR APPLICATION FOR APPROVAL

(must complete this page for each instructor)

(check one) New Application ☐ Renewal Application ☐

Instructor Information:

Name:	DOB: ____/_____/_____	SSN: XXX-XX-_____
Phone Number:	Email:	

Sponsoring Navigator Precertification Education Program:

Provider Name:	Provider ID (if applicable):	
Street Address:		
City:	State:	Zip Code:

Qualifications (Must Select At Least One)**:**

☐	A valid teaching certificate for two (2) or more years. (If selected, a photocopy of certificate must be attached.)
☐	Two (2) or more years managerial, supervisory, or teaching experience in the insurance or healthcare industries? (If selected, a detailed description or resume must be attached.)
☐	A certified Indiana Navigator. **Navigator Certification Number:** _____

Please answer each of the following questions:

YES	NO	Question
☐	☐	Have you ever been denied an insurance license or had an insurance license, navigator certification or any other professional license suspended or revoked in Indiana or elsewhere? (If YES, you must attach statement providing complete details.)
☐	☐	Have you ever been convicted a criminal offense (including misdemeanors, felonies, or military offenses)? (If YES, you must attach statement providing complete details.)
☐	☐	Do you currently have any outstanding fines imposed by the Commissioner of Insurance? (If YES, you must attach statement providing complete details.)
☐	☐	Are you on the most recent tax warrant list supplied by the Indiana Department of Revenue? (If YES, you must attach statement providing complete details.)

EDUCATION:

Did you graduate from high school? ☐ YES ☐ NO If YES, Year of Graduation: _____

Name of High School: _____ City: _____ State: _____

EMPLOYMENT:

Current Employer:	Employer Phone #:	
Street Address:		
City:	State:	Zip Code:
Title of Position:	Immediate Supervisor:	

Instructor Signature:

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

_____ _____

Instructor Signature Date