



NEW YORK STATE INSURANCE DEPARTMENT
 LICENSING SERVICES BUREAU
 Continuing Education Program
 Empire State Plaza, Agency Building 1
 Albany, New York 12257

FOR DEPARTMENT USE ONLY
Approval No. _____
Ex. By _____
Appd Dt. _____

MONITOR APPROVAL APPLICATION

1.

Monitor Name		Taxpayer I.D. No. *		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address		Number and Street		Phone Number ()	
City	County	State	Zip Code		

2.

If number 1 is other than an individual: Designated Person in Charge of Monitoring					
		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone Number ()	
Address		Number and Street			
City	County	State	Zip Code		

3. Qualification to act as an approved monitor (check one and provide copy of approval document or license) †:

- A. Approved Prelicensing or Continuing Education Instructor
- B. Licensed teacher
- C. Approved Provider Organization
- D. Licensed and admitted insurers (Only Training Officers and disinterested supervisory personnel not affiliated with examinee by overrides or other compensation arrangements may act for insurers as Monitors.)
- E. Licensed college, university, school
- F. Professional Society or Professional Organization
- G. Others acceptable to the Superintendent (Please provide a description of qualifications on the reverse side and attach any supporting documents).

The named Designated Person for organization included in 3.C. through 3.G. may arrange for other responsible members to monitor examination. Separate Monitor Approval Applications do not have to be filed for each monitor of an organization. The Designated Person must countersign all attestation documents submitted to the Provider Organization with the examination to be scored.

* SEE PRIVACY NOTIFICATION ON PAGE 2.
 † Further information may be required from the applicant.

