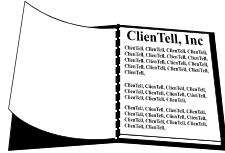


## Success Live CE (Formerly ClieTel CE) Instructor Application

### Success Live CE

2 Corporate Plaza Suite 100  
Newport Beach, CA 92660  
949-706-9459



Instructions: To secure approval for you to deliver continuing education courses, the information on this form needs to be as complete and accurate as possible.

*Mail or fax to Success Live CE. Fax# 949-706-9452*

Personal Information		Company Information
Name:		
	Title:	
Address		
Phone	(    )	(    )
Fax	(    )	(    )
Other phones	Cell # (    )	
Email		
DOB:	Key company contact for billing, etc.	
Soc Sec #:		
		Ph: (    )

Asst. name:	Ph#: (    )
Email:	Fax: (    )

Other addresses, phone numbers and notes:

Have you ever been denied an insurance license or received disciplinary action such as having an insurance license suspended, revoked or surrendered?

**YES** \_\_\_ **NO** \_\_\_ If yes, attach a statement providing complete details.

Have you ever been approved as an insurance continuing education instructor? \_\_\_\_\_

If so, what states / date ? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Your Licensing Qualifications:**

<b>License</b>	<b>Issued:</b>	<b>License</b>	<b>Issued:</b>	<b>License</b>	<b>Issued:</b>
<input type="checkbox"/> L & H	___/___/___	<input type="checkbox"/> P & C	___/___/___	<input type="checkbox"/> Variable	___/___/___
<input type="checkbox"/> Series 6	___/___/___	<input type="checkbox"/> Series 7	___/___/___	<input type="checkbox"/> Series 63	___/___/___

Your designation  CLU/ChFC  CFP  CPA  CIMA  OTHER\_\_\_\_\_

List states in which you are currently Insurance licensed :

\_\_\_\_\_

List states in which you are requesting Insurance CE instructor certification:

(AR, CA, NY, SC require an additional application, please call)\_\_\_\_\_

Additional CE Instructor Certification requested (Check all that apply):  CFP  CPA  CIMA  
 MCLE (legal)  CLU/ChFC

**Work History**

Please give as much detail as possible.  
**Be product specific.** (Very important )

Date	Company	Position, List of Duties, Type of Product
From: ___/___/___	Current Company	
Present		

If in Current Position for Less than 5 years:

From: ___/___/___		
To: ___/___/___		
From: ___/___/___		
To: ___/___/___		
From: ___/___/___		
To: ___/___/___		
From: ___/___/___		
To: ___/___/___		

**Education** Some states will allow a degree in a related field as a substitute for work experience.

Degree and Major: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Year Degree Completed \_\_\_\_\_

Degree and Major: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Year Degree Completed \_\_\_\_\_