

APPLICATION FOR CONTINUING EDUCATION EXEMPTION OR EXTENSION**PRINT OR TYPE** (see instructions on next page)

1. Licensee's Name: _____

2. Licensee's Mailing Address: _____

3. License Number: _____ 4. Licensee's Email Address: _____

5. Check one box:

- a) ☐ **This application is for an exemption from continuing education: (excluding Title or Escrow Officer licensees)**

My signature below certifies that I have been licensed by the Texas Department of Insurance for at least 20 continuous years, with no gaps in licensure greater than 90 days.

Original Date of Issuance _____

Documentation may be required if our records do not reflect this date or continuous licensure.

Licensee must satisfy the continuing education requirements through the end of the 20th year of licensure.

Please confirm your compliant CE status at www.sircon.com/Texas.

- b) ☐ **This application is for an extension of time to complete continuing education due to** an illness, a medical disability, circumstances not related to business beyond the licensee's control, or active military duty in a combat theater. One or more of the following forms of documentation, appropriate to the reason for an extension request, is required to be attached to this form when submitted:

- (A) Statement of the exact nature of the illness, medical disability or other extenuating circumstances beyond the control of the licensee that have prevented or will prevent the licensee from completing the required hours within the two-year reporting period.
- (B) Evidence in the form of medical reports from attending physician or evidence through insurance claims regarding the illness or medical disability of the licensee and other documentation as determined regarding circumstances beyond the control of the licensee.
- (C) Assessment of the condition of the licensee whether it is temporary, permanent or unknown.
- (D) Statement as to whether the licensee will or will not be able to perform activities including any acts of an agent or adjuster.
- (E) Estimated date when the licensee will be able to perform any activities including any acts of an agent or adjuster in accordance with the medical reports or other documents pertaining to circumstances beyond the control of the licensee.
- (F) Copy of order to active duty, expected duration of assignment, and any other information licensee thinks will assist the department.

6. Signature of Licensee _____ Date _____

Print or type information requested in items 1, 2, 3, 4. Make sure licensee's name is given exactly as it is on the license.

This form may be used to apply for a "grandfather" exemption, or for an extension of time to complete continuing education hours. Either option is open to both agents and adjusters. Title and Escrow Office licensees cannot apply for exemption. In item 5, mark the box that applies.

Exemption: Licensees who, on or after January 1, 2003, have been continuously licensed by the department for at least 20 years may apply for an exemption from the continuing education requirements. "Continually licensed" means that the licensee has held a department-issued license for the entire period without any lapse more than 90 days.

Documentation will be requested from licensee if the department's records indicates that licensure does not total 20 years. See [28 Texas Administrative Code § 19.1004](#) for complete rules regarding licensee exemption from and extension of time for continuing education.

Extension of time to complete continuing education: The licensee may request an extension of time or a waiver, if prevented from completing the required 24 hours within the two-year renewal cycle by illness, medical disability, non-business extenuating circumstances beyond the licensee's control, or because of active military service in a combat theater. Documentation required is listed in items 5.b. (A)-(F).

The department retains the right to audit any exemption or extension granted at any time.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

Return the completed Application for Continuing Education Exemption or Extension form to:

Regular Mailing Address

Texas Department of Insurance

P.O Box 12030 MC CO - AAL

Austin TX 78711-2030

CE@tdi.texas.gov

Refer questions to: (512) 676-6500