Licensing Division
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-2665
Fax # (614) 387-0051
www.insurance.ohio.gov

Ohio Department of Insurance
John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director

Pre-License Education Waiver Request

Applicant Name:		Social Security Number
Mailing Address:		Phone Number: ( )
City:	State:	Zip Code:

An individual shall not be permitted to take the examination unless the individual has completed, for each line of authority for which the individual will apply, any required program of insurance education as required by the superintendent or the individual has earned a bachelor's or associate's degree in insurance from an accredited institution or has earned a professional designation approved by the superintendent under criteria established by the superintendent.

Indicate the course(s) for which waiver is sought:

☐ Life ☐ Property ☐ Personal Lines
☐ Accident & Health ☐ Casualty

No person who has surrendered an insurance license or who has had an insurance license suspended, inactivated, cancelled for non-renewal or revoked may be approved for a pre-licensing education waiver.

Indicate Professional Designation or Degree submitted to qualify for pre-license education waiver:

Life:
☐ Bachelor or Associates Degree in Insurance
☐ Chartered Life Underwriter "CLU"
☐ Certified Employee Benefit Specialist "CEBS"
☐ Chartered Financial Consultant "ChFC"
☐ Certified Insurance Counselor "CIC"
☐ Certified Financial Planner "CFP"
☐ Fellow of the Life Management Institute "FLMI"
☐ Life Underwriter Training Council Fellow "LUTCF"

Accident & Health:
☐ Bachelor or Associates Degree in Insurance
☐ Registered Health Underwriter "RHU"
☐ Certified Employee Benefit Specialist "CEBS"
☐ Registered Employee Benefits Specialist "REBC"
☐ Health Insurance Associate "HIA"

Property, Casualty and/or Personal Lines:
☐ Bachelor or Associates Degree in Insurance
☐ Chartered Property and Casualty Underwriter "CPCU"
☐ Accredited Advisor in Insurance "AAI"
☐ Associate in Risk Management "ARM"
☐ Certified Insurance Counselor "CIC"

Verification of professional designation or degree must be submitted along with waiver request form. No request will be reviewed without proper verification.

Signature _____ Date _____