

Association of Insurance Compliance Professionals
Accreditation Program Enrollment Form
For the Association Compliance Professional (ACP)
(Please print or type)

Name: _____
Company Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Years in Insurance Industry: _____ (5 Year Requirement)
Years in Compliance: _____ (3 Year Requirement)

Life and Annuity Concentration (3 Required)

1. Complete **one** of the following:
 - LOMA 280 Principals of Insurance
 - AAPA 273 Annuity Principals and Products
 - HS 323 Individual Life Insurance
 - AFE1 Life & Health Insurance Fundamentals, **or** Course(s) _____
 - **Both** NAIC Basic Insurance **and** NAIC Fundamentals of Insurance Reg. Date Passed _____

 2. Complete LOMA 290 Insurance Company Operations Date Passed _____

 3. Complete **one** of the following:
 - LOMA 311 - Business Law for Financial Services Professionals **or** HS 324 Life Insurance Law
 - LOMA 316 – Business Law for Financial Services Professionals (Canada)
 - LOMA 301 Insurance Administrations
 - LOMA 330 Management Principles & Practices
 - LOMA 361 Accounting & Financial Reporting in Life Insurance Companies Course _____
 - NAIC Regulation of Insurance Products **or** NAIC Core Legal Date Passed _____
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Property and Casualty (3 Required)

1. Complete INS 21 Property and Liability Insurance Principles. (May be replaced with IR 201 Insurance Regulation for those with a CPCU designation) Date Passed _____

2. Before 3/15/2011:
Complete CPCU 510 Foundations of Risk Management, Insurance & Professionalism.

After 3/15/2011: Course _____
Complete CPCU 500 Foundations of Risk Management and Insurance. Date Passed _____

3. Complete one of the following:

- IR 201 Insurance Regulation
- CPCU 520 Insurance Operations Course _____
- AFE 2 Property and Liability Fundamentals Date Passed _____

Health Concentration (3 Required)

1. Complete one of the following:

- AHIP Fundamentals of Health Insurance Part A
- LOMA 280 – Principles of Insurance
- HS 313 Individual Health Insurance
- AFE1 Life & Health Insurance Fundamentals, **or** Course _____
- **Both** NAIC – Basic Insurance **and** NAIC Fundamentals of Insurance Regulation Date Passed _____

2. Complete one of the following:

- AHIP Fundamentals of Health Insurance Part B
- LOMA 290 Insurance Company Operations Course _____
- **Either** C2 – Life & Health Insurance Law, **or** AHIP Fraud Part 1 Date Passed _____

3. Complete one of the following:

- LOMA 311 - Business Law for Financial Services Professionals
- C1 – Med Aspects of Claims
- C2 – Life & Health Ins. Law
- C3 - Claims Administration
- C4 – Mgmt of Claims Operations
- AHIP Fraud Part 1
- AHM 510 Government & Regulation Course _____
- NAIC – Regulation of Insurance Products, **or** Date Passed _____
- NAIC Core Legal

Ethics Requirement – All Concentrations:

I completed Ethics training most recently on _____.

If your company does not offer Ethics training, please contact the AICP Education Committee Chair for suggested courses. **The AICPCU offers Ethics 312 as a component to the new CPCU Designation requirements, which can be used to satisfy the Ethics Requirement for the ACP Designation.**

Additional Application Instructions:

- Provide evidence of course completion, including the Ethics training. We will accept an official transcript or print-out from the applicable course website. For the Ethics training, we will accept a certificate or email notification of completion.
- You must be an AICP member to obtain the ACP designation. You can submit your membership application and annual membership fee along with your ACP application.
- **A fee of \$30 must be submitted with this application by check or credit card payable to the AICP.**

VISA

MASTER CARD

AMERICAN EXPRESS

AMOUNT TO BE CHARGED: \$30.00

CARD # _____ EXP DATE: _____

Signature _____

Submission Instructions:

Submit your application, evidence of course completion and fee:

- Via email to Melissa Pomerene at mpomerene@DROHANMGMT.com
- Via regular US Mail to AICP, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190

If you have questions, please call Drohan Management at (703) 234-4074 or send an e-mail to aicp@aicp.net.

Please note that the designations are awarded on an annual basis. Completion of the coursework does not entitle you to use the designation until your submission is reviewed and approved by the Education Committee. Once you receive the letter of approval from Drohan Management, you may begin using your awarded designation. Certificates are conferred at the Annual Conference.

I certify that the information given on this application and in any other supporting documentation is true and correct.

Signature: _____ Date: _____