



## IAR Continuing Education Provider Application

*\*Questions marked with an asterisk are required, all others are optional.*

### General Information

#### Provider Details

1. Provider Name: \*
2. Website: \*
3. Mailing Address: \*
  - Mailing Address:
  - City:
  - State:
  - Postal Code:
4. General Inquiries Email Address: \*

#### Provider Contact Information

1. Name: \*
2. Title:
3. Email Address: \*
4. Phone Number: \*

#### Secondary Contact Information

1. Name:
2. Title:
3. Email Address:
4. Phone Number:

#### Additional Information

1. Does the provider operate under any other name? \* (Yes/No, please specify if Yes)



2. Describe the provider's interest in offering IAR Continuing Education: \*

3. Describe the provider's security industry or continuing education experience, including any relevant experience of key personnel. If none, please explain how the provider plans to provide securities expertise without prior experience: \*

4. Will course access be limited to the provider's membership or IARs? \* (Yes/No)

## Program Requirements

### Provider Requirements

Please describe the policies and procedures that the provider intends to implement for each of the following core requirements. More information on each requirement can be found in the IAR CE Program Requirements outlined on [nasaa.org](http://nasaa.org).

1. Verification of attendance\*

- Providers must maintain accurate attendance records for each course.

2. Course completion record plan\*



- Providers are required to report course completion rosters and pay the associated roster fees within 30 calendar days of course completion to NASAA through their course processor, FINRA.

3. Course evaluation survey\*

- Providers are required to provide a course satisfaction survey or a course evaluation at the end of each class.

4. Assessment capability \*

- Providers must include either an assessment of competency or element(s) of engagement for each course, if applicable.

5. Assessment security protocols\*

- Providers must have in place a methodology to ensure that each student taking the course, or any associated assessment, is the same person who is taking the course for credit completion.

## Provider Commitments

If approved as an IAR CE provider, I agree to: \*

1. Refrain from using language such as certified or accredited\*
2. Follow disclaimer guidelines for all courses\*



3. Comply with IAR CE program audits\*
4. Comply with course naming conventions\*
5. Verify the identification of IARs who attend approved courses\*
6. Be bound by the IAR CE AMS Content Provider Terms of Use, as may be modified by NASAA from time to time at NASAA's discretion\*

## Disclosures

This section contains important regulatory disclosures and requirements that must be acknowledged before proceeding with this provider application.

1. Are you or anyone involved in delivering this CE program currently under sanction or have been sanctioned in the past by any governing or regulatory body\* *(Yes/No, if yes please provide details)*



2. A conflict of interest arises when your role as a provider could be compromised by other significant interests or relationships, especially financial ones. This section helps identify any such conflicts related to the CE courses the provider will be offering. Please disclose any relationships, transactions, roles (paid or volunteer), or situations that might cause or be perceived as a conflict of interest. This includes promoting specific products or services, especially if the provider or any associated person will gain personally or professionally from those promotions. Does anyone involved in delivering this CE program have any conflicts of interest? \* (Yes/No, if Yes, please explain any conflicts of interest in detail and describe how you plan to address or mitigate them)
- Note: identifying sanctions and/or conflicts of interest may not automatically reject your application.

## Certification

### Certification Statement

I certify that I have read the IAR CE Program Requirements outlined on [nasaa.org](http://nasaa.org) and agree to abide by them and all applicable laws and regulations, including the Americans with Disabilities Act. I am aware that any failure to abide by the requirements may result in the termination of this provider's authorization to offer IAR CE courses and that all course approvals will be concurrently withdrawn. I certify this application to be true and accurate to the best of my knowledge. \*