

REGISTRATION FORM
New York State Partnership for Long-Term Care



Provider approval #: NYPO-100417, Course Approval #: NYCS-235991

Registration Options & Fees

Mandatory Training and Certification (6 CEUs) \$ 100.00

In order to sell or market Partnership Insurance, licensed agents, brokers, or CFPs must complete the online training and pass the monitored exam.

For full course descriptions and requirements, please see our website: <https://nyspltc.health.ny.gov/>

Instructions

Checks **MUST** be made out to **NYS Partnership Program/HRI** (checks will be returned if filled out incorrectly). Checks are non-refundable. We are unable to accept cash or credit card payments. **Money orders are preferred.** Please send this completed registration form and money order or check to: **New York State Partnership for Long-Term Care, Department of Health, One Commerce Plaza, Rm. 1620, Albany, NY 12210.**

*Please Note: Your certification to sell NYS Partnership policies will not be processed until your check has cleared and you have passed your monitored exam. To avoid any delay in your certification, you may provide a certified check or money order.

Remember: You will need to have an approved monitor to proctor your certification exam.

The following must be completed

Name: _____

Mailing address: *(If using a business address, please specify company name, suite, floor, etc.)*

Line 1 _____

Line 2 _____

City, State, Zip Code, County _____

Daytime phone number: (_____) _____

Email Address: _____

Agents and CFPs must also complete this section to receive CE credits.
NYS Insurance License # _____
Last 4 digits of Social Security # _____
CFP Board # _____

For Partnership office use only: \$100.00 Check Number _____