



Society of Insurance Trainers & Educators

Application for:

Insurance Training Professional (ITP) Designation

Send Completed Application and Attachments to:

Society of Insurance Trainers & Educators (SITE)
325 John Knox Rd, Ste #L103
Tallahassee, FL 32303
(850) 222-3019 fax

**Please allow 6 weeks after deadline for final decision.*



Notice about Confidentiality

Information that the applicant provides to the Society of Insurance Trainers and Educators (SITE) in this application will be considered confidential to the extent that it is conspicuously designated as such or identified at the time of disclosure as being of a confidential or proprietary nature. It will not include information that is generally known or available, is already known to SITE before the applicant provided it, is given to SITE by a third party as a matter of right and without restricting its disclosure, independently developed by SITE, the subject of the applicant's earlier written permission to disclose, in response to a valid court order or other governmental body of the U.S. or any political subdivision thereof or is otherwise required by law, or is necessary to establish the rights or enforce the obligations of this paragraph. SITE agrees to limit its use of applicant's confidential information to determine the applicant's qualification for designation as an Insurance Training Professional (ITP). SITE will refrain from disclosing applicant's confidential information for any other purpose without the express written permission of the applicant. **In the event the applicant is awarded the ITP designation, the applicant gives permission to SITE, its representatives, and its duly authorized third parties to share and publicize applicant's name, likeness, contact information, affiliation with an employer or business, and other professional designations.**

I. ITP Applicant Information

FIRST NAME:	LAST NAME:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

II. SITE Membership Requirement

Select one:

<input type="checkbox"/> I am a SITE member in good standing.	<input type="checkbox"/> I am not currently a SITE member, but I have completed a SITE membership application.
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III. Insurance Industry Knowledge Requirement

Select only **ONE** item to attach, even if more than one apply:

<input type="checkbox"/> I have attached a copy of my insurance designation(s). Note: an insurance license does not qualify as a designation.
<input type="checkbox"/> I have attached a copy of college transcripts showing 20 hours in courses related to Insurance/Risk Management (Property and Casualty, Commercial, Life and Health and Financial Services)".
<input type="checkbox"/> I have attached a copy of my degree(s) in insurance.
<input type="checkbox"/> I have attached a resume verifying 10 years insurance experience and detailing my insurance industry knowledge.

IV. Training/Education Knowledge

Select only **ONE** item, even if more than one statement applies:

<input type="checkbox"/> I have completed the SITE Train-the-Trainer program and request that SITE confirm my completion. Date of completion: _____
<input type="checkbox"/> I have completed a Train the Trainer program from the list of approved alternative programs below and have attached proof of completion. <p>*Although we recommend that the ITP applicant complete SITE's comprehensive Train the Trainer program, SITE will accept proof of completion of the following programs as fulfillment of the TTT program qualification for the ITP designation:</p> <ul style="list-style-type: none"> • ATD TTT (Association for Talent Development, formerly ASTD) • Langevin Learning Services TTT <p>SITE is not affiliated with, nor endorses, or promotes these programs. The SITE Board of Directors has approved them as suitable alternative programs to the SITE TTT program because they meet the minimum objectives and structure of SITE's TTT program. If you wish the Board to consider a program that is not listed, you must submit the program's agenda, course outline, and learning objectives to the Board for consideration. If you wish to apply for the ITP designation on the basis of having completed that program, you must obtain the Board's approval of the program BEFORE you submit your ITP application. SITE makes no assurance that consideration of a program will lead to approval as an alternate to SITE's TTT program. SITE may modify this list at any time.</p>
<input type="checkbox"/> I have earned 20 or more semester hours or completed an accredited degree (undergraduate or graduate) in education based courses* and attached a copy of my grade transcript(s) and/or degrees(s). <p>*Education based courses are defined as courses focused in instructional design and adult learning</p>

V. Professional Training/Education Experience

a. Evidence of Training/Education Experience

Select only **ONE** item to include:

<input type="checkbox"/> I have included a copy of a course outline that I have designed and/or delivered that includes <u>(must have all 3)</u> : ____ Learning objectives, ____ Training techniques/methodologies utilized, AND ____ Copy of an evaluation tool which assesses the effectiveness of the training and/or instructor	OR	<input type="checkbox"/> I have included a copy of the course outline that a team I manage has designed and/or delivered that includes <u>(must have all 3)</u> : ____ Learning objectives, ____ Training techniques/methodologies utilized, AND ____ Copy of an evaluation tool which assesses the effectiveness of the training and/or instructor
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b. I have also included:

Select only **ONE** additional item to include:

<input type="checkbox"/> A list of courses I have designed and/or delivered during the most recent three years.	<input type="checkbox"/> Summary copies of student evaluations from three different courses I have delivered.
<input type="checkbox"/> Passing ratio reports for three AICPCU or similar courses I have delivered.	<input type="checkbox"/> Copies of Needs Assessments I have conducted.
<input type="checkbox"/> A list of courses my team members have designed and/or delivered under my leadership during the most recent three years.	

VI. Length of Time as a Training/Education Professional

I have included a resume showing a minimum of five years' experience as a training/education professional.
Note: Training/education work experience must be in the areas of instructional design/development, training delivery, or learning technology (or managing a team in those roles) with at least 50% of professional time dedicated to those areas. Experience can be consecutive or collective.

VII. Application Fee and Materials

I have attached the \$225 one-time application fee in the form of a check made payable to SITE.

I have included all required documentation (**8.5 X 11, single-sided, unbound copies only**) with my application.

I have signed and included the SITE Insurance Training Professional Code of Ethics.

SITE Insurance Training Professional Code of Ethics

To uphold and advance the honor and dignity of the training profession within the insurance industry, and in keeping with high standards of ethical conduct, I pledge that I will:

- *Through my professional conduct increase the competence and prestige of the training profession and the insurance industry.*
- *Treat students, co-workers, and customers with respect and dignity at all times regardless of knowledge, skills, or demeanor.*
- *Protect the privacy of students, the insuring public, co-workers, and clients unless disclosure serves a compelling professional purpose or is required by law.*
- *Strive for excellence in the profession by maintaining and enhancing my own knowledge and skills.*
- *Endeavor to aid the professional development of others in the profession.*
- *Maintain the highest degree of integrity in my professional work and avoid conflicts of interest and the appearance of conflict.*
- *Comply with intellectual property laws including United States and International Copyright laws.*
- *Honestly represent my skills, knowledge, and actions in all aspects of my work including but not limited to student interactions and job applications.*
- *Act in professional matters as a faithful agent or trustee for my employer and/or clients.*

I have read and agree to abide by and conduct myself according to the SITE Insurance Training Professional (ITP) Code of Ethics.

Applicant's Signature

Date

Insurance Training Professional Application Agreement

In applying for the SITE Insurance Training Professional (ITP) designation, I declare that I have met the requirements as outlined in the application. I agree to allow the Society of Insurance Trainers and Educators (SITE) to use my name and affiliation in publications regarding the SITE Insurance Training Professional (ITP) designation. I agree that SITE can solely determine that misuse of the designation has or is occurring, and such determination may result in suspension or forfeiture of the designation. I promise to use the SITE ITP designation only as approved by SITE.

Applicant's Signature

Date

Note: Materials will NOT be returned and not used for any purpose except showing proof of the applicant's professional training and education agility. All materials should be non-proprietary.

Frequently Asked Questions

Q: *Is there a continuing education, professional development and/or recertification requirement?*

A: Although there is not a requirement for maintaining the designation, it is our expectation that recipients of SITE's ITP designation will continue their professional development and engage in continuing education on an on-going basis. Based on an honor system, SITE will not require submission of annual documentation of these endeavors, but does reserve the right to periodically survey SITE members who have received the ITP designation to verify on-going continuing education and professional development.

Q: *Is there a renewal fee?*

A: No. Continuing as a SITE member in good standing is required.

Q: *Are letters of recommendation from clients or employers required?*

A: No

Q: *To apply, do I need a sponsor?*

A: No

Q: *How is the designation awarded?*

A: The SITE Board of Directors, or its designees, will carefully review each application for the ITP designation. The ITP designation is awarded by majority vote of the Board of Directors.

Certificates and pins are awarded following the Board's decision. All recipients are honored at the next SITE Annual Conference following the Board's decision.

Q: *Who maintains and sanctions the ITP?*

A: It is maintained by SITE and its Board of Directors. SITE, upon bestowing the ITP designation will sanction and upon request verify professional use of the designation. Sanction uses include, but are not limited to, use on letterhead, business advertisement, business card, and other reasonable and customary uses of professional applications consistent with good taste and decorum. SITE reserves the right to revoke sanctioned use of the ITP designation in the event its use by any recipient diminishes its dignity and worth, a determination to be solely made by SITE's Board of Directors.

Q: *Is the application fee refundable if my application is not approved?*

A: The fee will be fully refunded in the event an application cannot be approved and the SITE ITP designation bestowed upon the applicant.

Once the ITP designation is bestowed, all fees are fully non-refundable.