INSTRUCTOR APPLICATION

1. The provider signs into their SBS for Orgs account and clicks on the blue 'Go To Dashboard' button. The provider should have themselves added in the Provider Matrix.

2. Click on 'Instructor Original Application.'

SE	3S for Organizatio	ons		- (_	A	(25	_
■ State Se	ervices 👻 Go To Dashboard											
	2		5	ľ		0	\$			2		
	Add Er	ntity	Renewal Application	Instructor Original Applica	tion	User Set	tings		Notificat	ions		
			ľ	<u>±</u>		Q						
	Education Trans	script Search	Course Original Applicatio	n Course Roster		Course Roste	r Search		Course Offering M	laintenance		
Provider Mat	rix											۹
Show 10	✓ entries						Filter:			Export to E	xcel	
D	Jurisdiction	Provider Number	Provider Name	Provider Type	11	Provider Status	Expiration Date	11	Education Type	11	Business Address	ΙI.
0	Alaska	1008	WebCE, Inc	Other	Þ	Approved	12/31/2025		Continuing Educ	ation	DALLAS, TX 75251	
0	Arkansas	11116	ARKANSAS WORKERS COMP COMMISSION	Exempt CE Provider		Approved	08/31/2024		Continuing Educ	ation	LITTLE ROCK, AR 722030950	

3. The Instructor Application page appears.

■ State Services ▼ Go To Da	ashboard 👻				
1 Application / 2.Review					
Instructor Application					
Provider Information					
Provider Name:	Select One	D	~	Provider Type:	
	Select one			in the second seco	
Provider Number:	Jurisdiction:			Provider Education Type:	
Provider Number: +Add Instructor	Jurisdiction:			Provider Education Type:	

4. Click on the dropdown list 'Provider Name' and choose the provider.

State Based System	IS			1)2
■ State Services ▼ Go To Dashboard	•			
1 Application / 2 Review				
Instructor Application				
Provider Information				
Provider Name:	Select One	*	Provider Type:	
Provider Number:	Select One ARKANSAS WORKERS COMP COMMISSION / 11116 / AR		Provider Education Type:	
	BLUE CROSS AND BLUE SHIELD OF INC / 183 / KS CLM Alliance / 11749 / AR			
Previous Next Finish Cancel	Genštar Insurance Services, LLC / 500027947 / CT Morton Barber Learning Center / 194605 / ID UNITED INSURANCE EDUCATORS INC / 156211 / ID			
NAIC Central Office Ad NAIC Executive Office	deen 00 webCE, Inc. / 11331 / AR ean.comp.m.(ci)			

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5. Once your provider has been chosen, click on the blue 'Add Instructor' button.

structor Application			
Provider Information			
Provider Name:	ARKANSAS WORKERS COMP COMMISSION / 11116 / AR	~	Benidar Timer Exempt //E Denvider
Provider Number: 11116	Jurisdiction: Arkansas		Provider Type: Exempt CE Provider Provider Education Type: Continuing Education
	Þ		

6. On the 'Instructor Application' section under 'Demographics', fill out the last name (required). Fill out the remaining information you have.

7. Click on the blue 'Next' button.

NAI	BATERIAS ABBERITER OF BREAKINGE COMMERCIPERS					ABOUT HELP 💶 💙 Jacob 👻
	Instructor Application					
≡ Sta	1 Individual Demographics / 2 Add	dress / 3 Phone, Email, Website /	4 Jurisdiction / 5 Attachment / 6 Revi	ew		
1 Applicat	Provider Information					
-	Provider Name: ARKANSAS WORKE	RS COMP COMMISSION		Provider Type: Exem	apt CE Provider	
Instructo	Provider Number: 11116	Jurisdiction: Arkansas		Provider Education	Type: Continuing Education	
Provid						
Provide	Instructor Application					
Provide	Demographics					
+Add In	National Producer Number (NPN	1):				
	First Name:	Middle Name:	*Last Name:	Suffix:		
Cepital Mark	Jake		Wilhoit	1		
	Gender: O Female O Male	Date of Birth (mm/dd/yyyy):			
					+ Previous + Next	Finish X Cancel

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8. Under 'Business Address' add in the Address.

- 9. Under 'Mailing Address' add an address or use the 'Copy From' dropdown to select the Business Address
- 10. Click on the blue 'Next' button.

1 Individual Demographics / 2 Address /	3 Phone, Email, Website / 4 Jurisdiction / 5 Attachme	ent / 6 Review	
Provider Information			
Provider Name: ARKANSAS WORKERS CON	MP COMMISSION	Provider Type: Exer	mpt CE Provider
Provider Number: 11116 J	urisdiction: Arkansas	Provider Education	Type: Continuing Education
Instructor Application			
Address Information			
Business Address			
Copy From			
	v		
* Address Line 1:			
Test			
Address Line 2:			
Address Line 3:			
+ Additional Address Lines			
+ Additional Address Lines * City:	* State/Province:	* ZIP/Postal Code:	* Country:
Additional Address Lines City: Test	* State/Province:	* ZIP/Postal Code:	* Country: United States
Additional Address Lines City: Test Mailing Address	* State/Province:	* ZIP/Postal Code: v 55555	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From	* State/Province:	* ZIP/Postal Code: * 55555	* Country: United States
+ Additional Address Lines • City: Test Mailing Address Copy From Business Address	* State/Province: Select One	* ZIP/Postal Code: 55555	* Country: United States
+ Additional Address Lines • City: Test Mailing Address Copy From Business Address * Address Line 1:	State/Province: Select One	* ZIP/Postal Code: 555555	* Country: United States
+ Additional Address Lines • City: Test Mailing Address Copy From Business Address • Address Line 1: Test	* State/Province: Select One	* ZIP/Postal Code: 55555	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 2:	* State/Province: Select One	* ZIP/Postal Code:	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 2:	* State/Province: Select One	* ZIP/Postal Code:	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 1: Test Address Line 3:	* State/Province: Select One	* ZIP/Postal Code:	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 1: Test Address Line 3:	* State/Province: Select One	* ZIP/Postal Code: * 55555	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 1: Test Address Line 3: Address Line 3: + Additional Address Lines *	* State/Province: Select One	* ZIP/Postal Code: * S5555	* Country: United States
Additional Address Lines City: Test Mailing Address Copy From Business Address Address Line 1: Test Address Line 2: Address Line 3: + Additional Address Lines + City: Test	* State/Province: I Select One * State/Province: Arkanas	* ZIP/Postal Code: * ZIP/Postal Code:	* Country: United States

11. Fill out the Contact Information under 'Contact - Phone Email & Website.'

12. Click the 'Add' button after each entry for 'Phone, Email, and Website.'

* You will receive an error message if you don't click the 'Add' button after entering information in each contact type.

-	Instructor Application					
≡ Sta	1 Individual Demographics / 2 Address / 3 Phone, Email, Website /	4 Jurisdiction / 5 Attachment / 6 Review				
1 Applicat	Provider Information					
Instants	Provider Name: ARKANSAS WORKERS COMP COMMISSION		Provider Type	Exempt CE Provider		
Instructo	Provider Number: 11116 Jurisdiction: Arkansas		Provider Educ	ation Type: Continuing Education		
Provid						
Provide	Contact - Phone Email & Website					
Provide	Phone	Email		Website		
+Add In	Type: Number:	Type:	imail:	Туре:	Website:	
	Select One	Business Email 🗸 🗸	test@business.com	Select One		
Previous	Add	Adg		Add		
Capital Mark						
				+ Previ	ous → Next Pt Finish X Cancel	

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13. Once you hit the 'Add' button the Information you entered will appear below each 'Type' of Contact.

14. Click on the blue 'Next' button.

Provider Information Provider Type: Exempt CE Provider Provider Number: 11110 Jurisdiction: Arkansas Provider Runde: 1 Provider Type: Continuing Education Contact - Phone Email & Website Type: Number: Select One Image: Select One Add Type Buildness Stringare Phone Type Buildness Stringare Phone Select One Buildness Stringare Phone Select One	1 Individual Demographics / 2 Addres	re / 2 Dhone Email Wahrite / 4 Mairie	Settion / 5 Attachment / 6 Deview					
Provider Information Provider Name: ARKANSAS WORKERS COMP COMMISSION Provider Type: Exempt CE Provider Provider Number: 11110 Jurisdiction: Arkansas Provider Education Type: Continuing Education Contract - Phone Email & Website Email Type: Number: Select One Website Type: Email Type: Email Business Email test@itest.org	Tindividual Deniographics 7-2 Addres	ss 7 3 Phone, chian, website 7 4 junist	action 7 o Actaciment 7 o Review					
Provider Name: ARKANSAS WORKERS COMP COMMISSION Provider Type: Exempt CE Provider Provider Number: 11110 Jurisdiction: Arkansas Provider Education Type: Continuing Education	Provider Information							
Provider Number: 11110 Jurisdiction: Arkansas Provider Education Type: Continuing Education Contact - Phone Email & Website Email Website Type: Number: Select One Add Type: Email Type: Number: Bituiness Primary Ebrone Select One Bituiness Primary Ebrone Select Select One	Provider Name: ARKANSAS WORKERS	COMP COMMISSION			Provider Type: Ex	empt CE Provider		
Contact - Phone Email & Website Phone Type: Number: Select One Add Type: Number: Select One Add Type: Business Email textBlestorg	Provider Number: 11116	Jurisdiction: Arkansas			Provider Educatio	n Type: Continuing Education	on	
Contact - Phone Email & Website Phone Email Website Type: Number: Select One Website: Select One Image: Select One Image: Select One Image: Select One Add Image: Select One Image: Select One Image: Select One Type: Number: Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Image: Select One Imag								
Phone Email Website Type: Number: Type: Email: Select One Select One Select One Add Add Add Type: Number: Add Type: Number: Select One Business Primary Phone SSS,SSS,SSS SSS	Contact - Phone Email & Website							
Type: Number: Type: Email: Type: Website: Select One Select One Select One Select One Select One Add Add Add Add Add Add Add Add Type Number 555,5555 Business Email test@test.org Add Add	Phone		Email			Website		
Select One Select One Select One Select One Add Add Add Add Add Add Type Number Type Email Email Add Business Primary Phone 595,555,555 Image: Sec.55,555 Image: Sec.55,555 </td <td>Туре:</td> <td>Number:</td> <td>Туре:</td> <td>Email:</td> <td></td> <td>Туре:</td> <td>Web</td> <td>bsite:</td>	Туре:	Number:	Туре:	Email:		Туре:	Web	bsite:
Add Add Add Type Number Type Email Business Primary Ebrone 595,555,555 Business Email test@test.org Image: Compare the state of the st	Select One		Select One	~		Select One	~	
Type Number Type Email Business Primary Phone 595,555,555 Business Email test@test.org Image: Compare Compar	Add		Add			Add		
Business Primary Phone 555,555,555 2 😭 Business Email test@test.org 2		Number	Туре	Email				
	Туре	555-555-5555	Business Email	test@test.org	/ 🗊			
	Type Business Primary Phone							
	Type Business Primary Phone							

15. Click on the dropdown menu under "Qualifications" and choose the qualification. These are specific for each state.16. Enter any comment in the 'Comments' section.

17. Click the blue '**Next**' button.

-	Instructor Application
≡ Sta	1 Individual Demographics / 2 Address / 3 Phone, Email, Website / 4 Jurisdiction / 5 Attachment / 6 Review
1 Applicat	Provider Information
Instants	Provider Name: ARKANSAS WORKERS COMP COMMISSION Provider Type: Exempt CE Provider
Instructo	Provider Number: 11110 Jurisdiction: Arkansas Provider Education Type: Continuing Education
Provid	
Provide	Instructor Application
Provide	Details
+Add In	Qualification: Comments:
_	Select.One
Previous	Select One Annual Programmat
	College degree designate
Capital Mark	Employment for 3 out of 5 Head Instructor
	Insurance dept Licensee Licensed Teacher + Previous + Next H Finish * Cancel

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18. Click on the 'Upload Attachment' blue button. This is a requirement and a good place to add work experience.

	Instructor Application		
≡ Sta	1 Individual Demographics / 2 Address / 3 Phone, Email, Website / 4 Jurisdiction / 5 Attachment / 6 Review		
1 Applicat	Provider Information		
	Provider Name: ARKANSAS WORKERS COMP COMMISSION	Provider Type: Exempt CE Provider	
Instructo	Provider Number: 11116 Jurisdiction: Arkansas	Provider Education Type: Continuing Education	
Provid			
Provide	Attachments		
Provide	No results found.		
	Upload Attachment		
+Add in			
Previous		← Previous → Next Pt Finish X Cancel	

- 19. Click on the 'File Upload' button and upload your qualifications.
- 20. Give the attachment details under 'Attachment Description.'
- 21. Click on the blue 'Upload' button on the bottom left. (You may have to scroll down to see the button).

Provider Information			
Provider Name: ARKANSAS WORKERS COM	IP COMMISSION	Provider Type: Exempt CE Provider	
Provider Number: 11116 Ju	urisdiction: Arkansas	Provider Education Type: Continuing Education	
Upload Attachment			
*Attachment:			
+ File Upload			
*Attachment Deseption:			
Qualifications			
255 characters remaining. *Effective Date:			
02/03/2025			
Attachment Status:			
L			~
Upload Cancel			

22. You will see your attachment in blue under 'Attachments'.

23. Click the blue '**Next**' button.

	Instructor Application							
E Sta	1 Individual Demographics / 2 Address / 3 Phone, Email, Website / 4 Jurisdiction	/ 5 Attachment / 6 Review						
Applicat	Provider Information							
	Provider Name: ARKANSAS WORKERS COMP COMMISSION		Provider Type: Exempt	CE Provider				
structo	Provider Number: 11116 Jurisdiction: Arkansas		Provider Education Typ	e: Continuing Educa	tion			
Provid								
Provide	Attachments							
					a de la companya de l			
Provide	File Name	Attachment Description	Attachment Status	Attached By	Effective Date	Attached Date		
Provide	File Name Qualifications.csv	Attachment Description test	Attachment Status	Attached By	02/03/2025	Attached Date	1	8
Provide Add In	File Name Qualifications.csv Print PDFs	Attachment Description test	Attachment Status	Attached By	Effective Date 02/03/2025	Attached Date	1	8
Add In	File Name Qualifications.csv Print PDPS Upload Attachment	Attachment Description test	Attachment Status	Attached By	Effective Date 02/03/2025	Attached Date	1	
Provide Add In	File Name Qualifications.csv Print PDPS Upload Attachment	Attachment Description test	Attachment Status	Attached By	Effective Date	Attached Date	1	

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24. Review the information and click the green 'Finish' button.

-	Instructor Application		
≡ Sta	1 Individual Demographics / 2 Address / 3 Phone, Email, Website / 4 Jurisdiction / 5 Attachment / 6 Review		
1 Applicat	Provider Information		
-	Provider Name: ARKANSAS WORKERS COMP COMMISSION	Provider Type: Exempt CE Provider	
Instructo	Provider Number: 11116 Jurisdiction: Arkansas	Provider Education Type: Continuing Education	_
Provid			
Provide	Review		
Provide	Review		
+Add in	Instructor Number:4110000403 Last Name:Wilholt	Qualification:College degree designate Status:Cart	
Previous			
Capital Mark		← Previous → Next Pt Finish X Cancel	

25. You will now see your cart.

26. You can see click 'Finish' to pay the fees if there are fees.

State Services 👻 Go To Dashboard	$\overline{\mathbf{v}}$				And a second					
Application / 2 Review										
structor Application										
Provider Information										
Provider Name:	ARKANSAS WORKERS COMP CON	IMISSION / 11116 / AR		*	Provider Type: Exempt Cl	E Provider				
Provider Number: 11116	Jurisdiction: Arkansas				Provider Education Type:	Continuing	Education			
+Add Instructor								Filte	er:	
Provider Name	11	Instructor Number	It Instructor Name	11	Qualification	11	Status	IT Fe	es	T.
ARKANSAS WORKERS COMP COMMISSION		4110000403	Wilhoit		College degree designate		Cart	\$0	.00	Ē
							То	tal Fees	\$0.00	
					l>				Previous	1 N

27. If there are fees to pay you can see the 'Payment Details' and you can enter all of the required information needed to pay the fees.28. Click on the 'Finish' button when complete.

■ State Services Go To Dashboard	
1 Attendees / 2 Review / 3 Payment Details	
Payment Details	
* Card Holder First Name:	* Card Holder Last Name:
* Billing Street Name:	* Billing City:
* Billing State:	* Billing Country;
Select One 🗸	United States 🗸
* Billing ZIP Code:	* Email:
* Amount:	* Phone Number:
\$3.00	
Previous Next Finish Cancel	

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29. You will be taken to the completed 'Payment Information' page when done.

💓 State Based Sys	tems					195
■ State Services Go To Dash	board 👻				dha teikar et ar o	
O You have successfully completed your	Instructor Application(s)					
Thank you for using NAIC's State Based Sys	tems (SBS). For information	about other services offered three	ough SBS, visit: www.statebasedsystems.com			Print this receipt
Payment Information						
Transaction Type: Instructor Application		Transaction Date: 02/03/2025	Алт	ount Paid: \$0.00		
Provider		Jurisdiction	Last Name		Qualification	Status
ARKANSAS WORKERS COMP COMMISSION	N Arkansas		Wilhoit	College de	ree designate	Pending
Note: All fees will appear as a charge from I f you have questions regarding your fransa • Call the SBS Help Desk at 816-788-89	NAIC State Based Systems o action: 90 between the hours 8:00 a	n your monthly credit card stater .m 5:00 p.m. (CT) Monday-Frid	nent. ay (except holidays)			
 Send an email anytime to sbshelp@n 	aic.org. If the email messag	is send to the Help Desk outside	e the time above, it will be answered the nex	t business day.		
NAIC Central Office + NAIC Executive Office • Capital Markets & investment Analysis Office •	Address 1100 Walnut Street Sune 1000 Kansas City, MO 64106-2197	Service Desk (816) 783-8500 8 a.m. to 4 p.m. (CT) Mondey - Friday	© 2025 Netional Association of Insurance Con	missioners. All rights reserved.		







30. The state will then review this under '**Pending Instructors**' in '**Transaction Manager**' and the provider will be able to see the status here. (You will need to scroll down the page to view the status.)

Jame: ARKANSAS WORKERS COMP CO	OMMISSION Provider # 11116 Provider T	voe: Exempt CE Provider		0		
Deservations workers comp co	JMMISSION Provider #: 11110 Provider I	pe: exemplice provider				
nder Name: ARKANSAS WORKERS		Provider Number: 11116		Provider Statur: Approvad		
plication Date: 01/31/2002 N:		Effective Date: 01/31/2002 Have you ever been a Provider in this state? N Education Type: Continuing Education	No	Expiration Date: 08/31/2024 Provider Type: Exempt CE Provid Provider PIN: 2233960261	ler	
DBA Name						
results found.	L>					
Address						
usiness Address upport Services Division Head O BOX 950 ITTLE ROCK, AR 72203-0950 Inited States		Mailing Address Support Sevices Division Head PO BOX 950 LITTLE ROCK AR 72203-0950 United States				
Phone, Email, Website						
one		Email		Website		
Туре	Number	Туре	Email	No results found.		
Business Primary Phone	3 501-682-2510	Business Email jcraig@awq	icc.state.ar.us			
Contacts						
ow 10 v entries					Filter:	
Name 11	Contact Type	11 Email	1 Primary Phone	11 Primary 11	11	11
nna Breuer	Provider Representative	dbruer@awcc.state.ar.us	501-682-5262	No	Make primary	/ 🔒
bin Mickel	Provider Representative	rmickel@awcc.state.ar.us	501-682-5262	No	Make primary	/ 🗎
ina Craig	Provider Representative	jcraig@awcc.state.ar.us	501-682-2497	Yes		/ 创
wing 1 to 3 of 3 entries						Previous 1
Approved CE Courses						
10 v entries				Filter:	Export to Excel	
	Course Name	It Course Number It App. Date It F	Effect. Date 💷 Exp. Date 🔢 Course Gr	roup	edits Earned	ttach.
		186704 09/08/00	09/08/00 Producer	General Correspondence	15-General No Previous 1 2 3 4	
4TH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries	CE					5 9
4TH ANNUAL AWCC ED CONFEREN- howing 1 to 10 of 81 entries	ce					5 9
ITH ANNUAL AWCC ED CONFEREN nowing 1 to 10 of 81 entries • PLE Courses o results found.	ce					5 9
4TH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PILE Courses o results found.	ce					5 9
4TH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PILE Courses o results found. Correspondence	ce					5 9
ath ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries P PLE Courses o results found. Correspondence o results found.						5 9 1
ATH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PLE Courses to results found. Correspondence to results found. Attachment Details						5 9 1
ATH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries P PLE Courses to results found. Correspondence Correspondence Attachment Details to results found.						5 9 1
ATH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PPLE Courses to results found. Correspondence to results found. Attachment Details to results found. Pending Instructors						5 - 9
ATH ANYUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PPLE Courses to results found. Correspondence to results found. Attachment Details to results found. Pending instructors how 10 v entries					Filter:	5 - 9
ATH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PLE Courses o results found. Correspondence Correspondence Attachment Details Attachment Details Pending Instructors how 12 v entries	Instructor Name		nstructor Number	11	Filter:	5 - 9 1
ATH ANNUAL AWCC ED CONFEREN howing 1 to 10 of 81 entries PPLE Courses to results found. Correspondence Cor	Instructor Name	11	nstructor Number 108857	11	Filter:	5 - 9 -

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31. If it is approved it will appear under 'Approved Instructors' in 'Transaction Manager'.

Approved Instructors				*
Show 10 v entries			Filter:	
Instructor Name	Instructor Number	Status	Expiration Date	11
Antinori, Lisa	107913	Approved		

32. If it is rejected it will appear in 'Rejected Instructors'. The state may include a reason if rejected.

1		
	Rejected Instructors	*
	Show 10 v entries	Fifter:





