

Regulatory Health Link Licensing

[Arkansas Act 1439](#) requires In-Person Assistants, Navigators, Certified Application Counselors, and Licensed Producers to be licensed by the Arkansas Insurance Department in order to facilitate enrollment in the Health Insurance Marketplace.

Each assister type must successfully complete the required Federal, and State Specific training in order to become eligible for licensure. Optional course for SHOP may be completed but not required.

Upon successful completion of the required training, the candidate for licensure must submit a completed “Regulatory Health Link License” application along with a **\$35 money order**. The applicant will need to complete an [electronic background check](#) prior to submitting the application. The attached AID-RHL-HL Application and money order should be mailed to:

**Arkansas Insurance Department
Attn: Regulatory Health Link License
1200 West Third Street
Little Rock, AR 72201**

You may also hand carry the application to the Arkansas Insurance Department but the application will not be reviewed while you wait.



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
Website: www.insurance.arkansas.gov/license.htm**

**REGULATORY HEALTH LINK LICENSE
INSTRUCTIONS**

1. a. Applicant must complete the correct application and include the proper fee according to the following chart. A **money order** should be made payable to the “Arkansas Insurance Department.” Application must be printed in ink or typed.

Application Type	Licensing Fees	Proper Application
IPA Guide	\$35.00	AID-RHL-HL
Navigator	\$35.00	
Certified Application Counselor	\$35.00	
Exchange Producer	\$35.00	

- b. The Arkansas Insurance Department is required to complete Criminal Background Checks on all applicants. The applicant must complete the [background check electronically](#).
- c. You must also attach a money order in the amount of \$35.00 made payable to the “ARKANSAS INSURANCE DEPARTMENT.” No other form of payment is acceptable. The money order made payable to the “Arkansas Insurance Department” must be attached to your application when you send it to the Arkansas Insurance Department.
- d. The name on the background check must be full legal name and must match the name on the license application.
- e. All completed applications must be sent to the address listed below. You may hand carry the application to the Arkansas Insurance Department but the application will not be reviewed while you wait.

**Arkansas Insurance Department
Attn: Regulatory Health Link License
1200 West Third Street
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- f. If you have a criminal record involving a felony and you are not sure whether your record will keep you from being licensed, you can attach a statement that provides a full, complete and detailed statement regarding the circumstances of the situation, arrest, and disposition. You must include arrest records, court documentation, and parole records (if parole was ordered).
1. The \$35 application fee includes all initial Arkansas licensing fees. The fee is fully earned when the application is processed. **The application fee is not refundable.** If the applicant has held a license in another state, a letter of clearance must be submitted with the application if the previous state does not report license information to the National Database.
2. The applicant must be at least 18 years of age or, if not of legal age, minority rights must be removed by a court order and a copy of the court order must be forwarded along with the application and fee.
- a. Licenses will be issued to applicants who have successfully completed Federal and State Specific training.

How to complete the License Application:

1. Since an application is a legal form, certain fields of information are required and must be completed prior to the application being processed. If the required information is not disclosed on the application, the application will be returned for completion. These instructions illustrate the specific areas of the application that must have responses before the application can be processed. If the information is required, the item is marked “**a required field**,” then you must provide us with this information. If you reach a line which is not required and the question does not apply to you, then mark the line “**N/A**.” We can send e-mail notices of important changes to laws and rules that govern your license.

2. An application found to be incomplete will be returned for corrections. The corrected application must be returned to the Arkansas Insurance Department, Regulatory Health Link Division within 30 days. If the application is not returned promptly, then a new application will be required.

The application is a legal document; corrections should be made by drawing one line through the incorrect information. *Do not scratch out the information or use liquid paper.* Changes or corrections must be initialed by the applicant showing that the applicant made the change. It is not legal for anyone other than the applicant to complete the application or modify it by removing or adding information. The applicant is held responsible for all the information on the application.

Illegible applications will be returned since we will be unable to review them.

Important: If you have a past criminal record, tax lien or other item which would normally require a “yes” answer and you are not sure if it has been resolved, sealed, or completed, then we suggest you answer “yes” and provide an explanation, with appropriate documentation, if it is not needed, the Department will disregard the information and your application will be processed more quickly. If a criminal record has been sealed, you should have a document signed by a judge which shows the record has been sealed. There is no time limitation on criminal convictions; even if it is 20 years old, it will still show up on the criminal background search. **Failure to disclose required information on the application can cause the application to be declined or may be grounds to have a license revoked at a later date.**

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1. Social Security Number-- **a required field**
2. State of Residence-- **a required field**
3. NPN #-- not required
4. Last Name-- **a required field**
5. First Name-- **a required field** —THIS MUST BE YOUR LEGAL NAME—NO NICKNAMES.
6. Middle Name-- not required
7. Date of Birth-- **a required field**
8. Residence/Home Address-- **a required field**—must be a physical address; cannot be a P.O. Box
9. P.O. Box-- not required but you may complete if you want mail sent to that address
10. City-- **a required field**
11. State-- **a required field**
12. Zip-- **a required field**
13. Foreign Country-- **a required field**
14. Home phone number-- **a required field**—you may use cell phone number if you do not have a home phone.
15. Gender-- **a required field**
16. Are you a Citizen of the United States? --- **a required field**—If you are not a citizen you need to attach a copy of your permit to live and work in the United States.
17. Business name-- not a required field, but you may provide the information if you have a business Name.
18. Business Address-- not a required field
19. P.O. Box-- not a required field

20. City-- not a required field
21. State-- not a required field
22. Zip-- not a required field
23. Foreign Country – not a required field
24. Business Phone Number-- not a required field
25. Business Fax Number-- not a required field
26. Business e-mail Address-- not a required field (e-mail address information should be given so you can receive information from the Department.
27. Business Web site Address-- not a required field
28. Applicant's Mailing Address-- **a required field** (do not use 'same as above' this field must be completed)
29. P.O. Box---not required but complete if mail is to be sent to the P.O. Box
30. City-- **a required field**
31. State-- **a required field**
32. Zip-- **a required field**
33. Foreign Country-- not a required field
34. Assumed Business Name/Trade Name-- not a required field; however should be provided if you will use an assumed business name.
35. Residence Information for Last 5 years-- **a required field**
36. Employment History-- **a required field** – you must show a full 5 years of employment history, which includes full and part-time work, self-employment, military service, unemployment, full-time education.

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37. Type of License-- **a required field**
- (38a) Have you ever been or are you currently licensed as agent, producer, consultant or broker in Arkansas --- **a required field**. If yes, list the dates and type of license --- **a required field**
- (38b) Have you ever or are currently licensed as agent, producer, etc. in another state? --- **a required field**

If you have been licensed in another state in the last 5 years, include a clearance letter from the state. A Clearance Letter indicates that your resident license in the prior state has been cancelled and you were in "good standing" at the time of cancellation.

39. Required Fields –Required Documentation

If you answer any of the questions "yes," you must attach a statement detailing what occurred and the outcome of the occurrence. The application indicates what additional documentation is required with the exception of **39.7** and if you answer "yes," attach a statement regarding the reason for the arrearage, and documentation from Child Support Enforcement showing your current status of arrearage. **If you have filed a bankruptcy, attach a current and complete credit report to your application.**

40. Required Fields

The application must be dated and signed with your **FULL LEGAL NAME**---no nickname or printed name. It must be a wet signature—not a stamp.

The next line must contain your full legal name—printed or typed

Applications should be mailed to:

**Arkansas Insurance Department
Attn: Regulatory Health Link License
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ARKANSAS INSURANCE DEPARTMENT

LICENSE DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604

REGULATORY HEALTH LINK LICENSE APPLICATION

(Please Print or Type)

Form fields for personal information: Social Security Number, State of Residence, NPN #, Last Name, First Name, Middle Name, Date of Birth, Residence/Home Address, P.O. Box, City, State, Zip Code, Foreign Country, Home Phone Number, Gender, Citizenship, Business Entity Name, Business Address, Business Phone/Fax, Business E-Mail/Website, Applicant's Mailing Address.

Field 34: List any other assumed, fictitious, alias, maiden or trade names under which you have done business, are currently doing business or intend to do business.

Residence Information for Last 5 Years

Field 35: Residence information table with columns for From/To (Month/Year), Street, City, State, Zip.

May add additional sheet if needed

Employment History

Field 36: Employment history table with columns for Name, City, State, Foreign Country, From/To (Month/Year), and Position Held.

Department Use Only: Date received, Funds Received, MO # RS #, Date Processed, Other.

Jurisdiction and Type of License Requested

37 Check the type of license for which you are applying.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> IPA Guide | <input type="checkbox"/> Certified Application Counselor |
| <input type="checkbox"/> Navigator | <input type="checkbox"/> Exchange Producer |

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- a. Have you ever been or are you currently licensed as an agent, producer, consultant or broker in Arkansas? Yes _____ No _____
If Yes, list the dates and the type of license _____
- b. Have you ever been or are you currently licensed as an agent, producer, consultant, broker or adjuster in another state? Yes _____ No _____
If Yes, list the dates and the type of license _____ **If your state does not report Adjuster information on the National Database, attach a current (less than 90 days old) certification from your home state showing you are currently licensed.**

Background Information

39 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No ___
Note: "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.
- 1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? *Note: You may exclude the following misdemeanor convictions or pending misdemeanor charges – traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.* Yes No ___
- 1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? *Note: You may exclude juvenile adjudications offenses where you were adjudicated delinquent in a juvenile court.* Yes No ___
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance as required by 18 USC 1033? N/A ___ Yes ___ No ___
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___
- 1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? N/A ___ Yes ___ No ___
If you answer Yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a certified copy of the charging document, and
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes No ___
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.
"Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer Yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes No ___
If you answer Yes, submit a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy and a current credit report.
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No ___
If you answer Yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer Yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer Yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer Yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to a repayment agreement? Yes ___ No ___
- c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___

If you answer Yes, provide documentation showing proof of current payments or an approval plan from the appropriate state child support agency.

Applicants Certification and Attestation

④ The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Insurance Commissioner or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)