**Professional Licensure Disclosure**

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| **Program**  | **Contact** | **Date Effective** |
| Medical Insurance Specialist Certificate  | Wes Hill, Dean of Business and Applied Technologies252-246-1339whill@wilsoncc.edu | July 1, 2020 |

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| **State** | **Meets** **educational** **Requirements** | **Does not meet** **educational** **requirements** | **Undetermined** |                               | **State** | **Meets****educational** **Requirements** | **Does not meet** **educational** **requirements** | **Undetermined** |
| Alabama  |   |   | \*  | Nebraska  |   |   | \*  |
| Alaska  |   |   | \*  | Nevada  |   |   | \*  |
| American Samoa  |   |   | \*  | New Hampshire  |   |   | \*  |
| Arizona  |   |   | \*  | New Jersey  |   |   | \*  |
| Arkansas  |   |   | \*  | New Mexico  |   |   | \*  |
| California  |   |   | \*  | New York  |   |   | \*  |
| Colorado  |   |   | \*  | North Carolina  | \*  |   |   |
| Connecticut  |   |   | \*  | North Dakota  |   |   | \*  |
| Delaware  |   |   | \*  | Northern Mariana Islands  |   |   | \*  |
| Florida  |   |   | \*  | Ohio  |   |   | \*  |
| Georgia  |   |   | \*  | Oklahoma  |   |   | \*  |
| Guam  |   |   | \*  | Oregon  |   |   | \*  |
| Hawaii  |   |   | \*  | Pennsylvania  |   |   | \*  |
| Idaho  |   |   | \*  | Puerto Rico  |   |   | \*  |
| Illinois  |   |   | \*  | Rhode Island  |   |   | \*  |
| Indiana  |   |   | \*  | South Carolina  |   |   | \*  |
| Iowa  |   |   | \*  | South Dakota  |   |   | \*  |
| Kansas  |   |   | \*  | Tennessee  |   |   | \*  |
| Kentucky  |   |   | \*  | Texas  |   |   | \*  |
| Louisiana  |   |   | \*  | US Virgin Islands  |   |   | \*  |
| Maine  |   |   | \*  | Utah  |   |   | \*  |
| Maryland  |   |   | \*  | Vermont  |   |   | \*  |
| Massachusetts  |   |   | \*  | Virginia  |   |   | \*  |
| Michigan  |   |   | \*  | Washington  |   |   | \*  |
| Minnesota  |   |   | \*  | West Virginia  |   |   | \*  |
| Mississippi  |   |   | \*  | Wisconsin  |   |   | \*  |
| Missouri  |   |   | \*  | Wyoming  |   |   | \*  |
| Montana  |   |   | \*  |   |   |   |   |

 Comments: