

College of Life Underwriters and who is a member, in good standing, of The American Society of Chartered Life Underwriters.

(3) The Commissioner shall establish reasonable rules and regulations with respect to the scope, type, conduct and grading of the written examinations and the times and places within this State where they shall be held. Applicants shall be permitted to take the examinations at least once every 2 weeks at a place designated by the Commissioner. The examinations shall be offered at least once in each month at a location on the Eastern Shore of Maryland and once each month at a location on the Western Shore of Maryland, (other than Baltimore City), the locations to be selected by the Commissioner. All examinations must be graded within thirty days following the date of the examination. As a prerequisite to examination, the Commissioner shall require not less than 60 hours of study and instruction and a certificate of completion shall be forwarded with the application for examination to the Commissioner.

Any person who has taken and failed to pass an examination is not entitled to take any further examination until 14 days after the date of the last examination which he failed.

(4) A PERSON WHO IS EMPLOYED BY A HEALTH MAINTENANCE ORGANIZATION SOLELY TO SOLICIT MEMBERSHIP IN THE HEALTH MAINTENANCE ORGANIZATION PURSUANT TO A CONTRACT BETWEEN THE HEALTH MAINTENANCE ORGANIZATION AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WHEREBY THE DEPARTMENT OBTAINS PREPAID COMPREHENSIVE HEALTH CARE SERVICES FOR RECIPIENTS OF MEDICAL ASSISTANCE UNDER § 15-105 OF THE HEALTH - GENERAL ARTICLE, IS NOT REQUIRED TO SUBMIT TO A PERSONAL WRITTEN EXAMINATION UNDER THIS SECTION BUT IS SUBJECT TO § 173(D) OF THIS ARTICLE.

(5) A PERSON, WHO, FOR COMPENSATION IN ANY MANNER HAS SOLICITED, PROCURED, OR NEGOTIATED CONTRACTS FOR DENTAL PLAN ORGANIZATIONS AND, NONPROFIT HEALTH SERVICE PLANS, OR HEALTH MAINTENANCE ORGANIZATIONS CONTINUOUSLY FOR-1-YEAR-OR-1-YEAR-PRIOR FROM JULY 1, 1988 TO JUNE 30, 1989, MAY OBTAIN AN ORIGINAL CERTIFICATE OF QUALIFICATION--TO--ACT--AS--AN--AGENT--FOR--A--DENTAL--PLAN--ORGANIZATION OR HEALTH MAINTENANCE ORGANIZATION ONLY:

(i)--BY--FILING--THE--APPROPRIATE--APPLICATION--FOR AN ORIGINAL CERTIFICATE OF QUALIFICATION TO ACT AS AN AGENT FOR A DENTAL--PLAN--ORGANIZATION OR HEALTH MAINTENANCE ORGANIZATION WITH THE COMMISSIONER;

(ii)--BY--CERTIFYING--ON--A--FORM--PRESCRIBED--BY--THE COMMISSIONER--THE--NAME--OF--THE--DENTAL--PLAN--ORGANIZATION OR HEALTH--MAINTENANCE--ORGANIZATION--FOR--WHICH--THE--PERSON--HAS CONTINUOUSLY--SOLICITED,--PROCURED,--OR--NEGOTIATED--CONTRACTS--FOR--1 YEAR--PRIOR--TO--JUNE--30,--1989,--AND