Indiana Department of Insurance
Continuing Education
Course Approval Application

☐ New Application ☐ Renewal Application

Will course be held one-time only? ☐ Yes ☐ No Will course be open to the public? ☐ Yes ☐ No

PROVIDER INFORMATION:

Provider Name:		
Street Address:		
City:	State:	Zip Code:
EIN No:	Provider # (if assigned):	
Contact Person:		
Phone:	Email:	Website:

COURSE INFORMATION:

Course Title (max. 40 characters):		
Date of Course:	Start Time:	End Time:
Course Location:		
Street Address:		
City:	State:	Zip Code:

Course Number (if course previously approved): _____

Course Category (select all that apply): ☐-Adjuster ☐-Annuities ☐-Bail/Recovery ☐-Claims ☐-Credit ☐-Crop ☐-Ethics ☐-Financial Planning ☐-Flood ☐-General/All Lines ☐-Life/Accident & Health ☐-Long Term Care ☐-Navigator CE ☐-Professional Development ☐-Property & Casualty ☐-Title ☐-Travel ☐-Worker's Comp

**NOTE: Must select the appropriate Course Category for the course to apply to particular CE requirements for licensees. For example, for the course to apply to a producer's Title or Ethics CE requirement, the "Title" or "Ethics" Course Category must be selected.*

Total Number of Credit Hours requested: _____ *Courses with more than one (1) Course Category selected above must specify on the following line how many of the Total credit hours apply to each Course Category. For example, "General/All Lines 21 hours, Ethics 3 hours" may be entered for a 24-hour General/Ethics course.

_____

Instruction Method: ☐ Classroom/Seminar *or* ☐ Convention Workshop

For Self-Study: ☐ Textbook *or* ☐ Internet Word Count: _____ *Must provide for all Self-Study Courses

I, _____, certify that all information is true and correct. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval and/or suspension or revocation of another course or provider approval. I have read and understand IC 27-1-15.7 and 760 IAC 50, regarding Continuing Education courses, and agree to abide by these laws and regulations.

_____ _____

Signature of Contact Person Date

The following must be included with course application: One (1) original set of all documents, $40.00 application fee by check or money order made payable to *Indiana Department of Insurance* or *IDOI*, content outline/agenda, and text material. If self-study course, include original textbook and sealed copies of three (3) sets of examinations.

Mail Submission to: Indiana Department of Insurance
c/o CE Coordinator
311 West Washington Street
Indianapolis, Indiana 46204-2787

Course filings must be received by IDOI at least thirty (30) days prior to the start of the course.* **Last Updated: 9/17/18