## Indiana Department of Insurance Continuing Education Course Approval Application

New Application Renewal	Application		
Will course be held one-time only?	Yes 🗌 No 🛛 V	Nill course be open to the	ne public? 🗌 Yes 🗌 No
PROVIDER INFORMATION:			
Provider Name:			
Street Address:			
City:	State:		Zip Code:
EIN No:		Provider # (if assigned):	
Contact Person:		L	
Phone:	Email: W		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 previous	y approved):		
the course to apply to a producer's Title of <b>Total Number of Credit Hours req</b>	evelopment -Pro- se Category for the cou- c Ethics CE requirement uested: *C ow many of the Tota	operty & Casualty	Title -Travel -Worker's Comp E requirements for licensees. For example, for urse Category must be selected. one (1) Course Category selected above each Course Category. For example,
Instruction Method: Classroom	/Seminar <i>or</i> 🗌 Co	onvention Workshop	
For Self-Study: Textbook or [	Internet Word	Count: *Mi	ust provide for all Self-Study Courses
I, omission, false statement or failure suspension or revocation of anothe 760 IAC 50, regarding Continuing E	to make full disclos r course or provider	sure constitutes grounds r approval. I have read a	and understand IC 27-1-15.7 and
Signature of Contact Person		Date	
fee by check or money order made	payable to Indiana	Department of Insurance	et of all documents, \$40.00 application ce or <i>IDOI</i> , content outline/agenda, ies of three (3) sets of examinations.
c/o CE 311 We	Department of Inst Coordinator est Washington Stre polis, Indiana 4620	eet	

\*Course filings must be received by IDOI at least thirty (30) days prior to the start of the course.