

CONTINUING EDUCATION OR PRELICENSING APPLICATION FOR COURSE APPROVAL

Provider Name _____ Contact Name _____
 Address _____ Contact Phone Number _____
 _____ Contact Email Address _____

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|---|--------------------------|
| Provider Number (or indicate "New"): _____ | EIN Number: _____ |
|---|--------------------------|

Course Type: _____ Continuing Education _____ Pre-licensing
 Course Title/Name _____
 Date of Course _____ Start Time _____ End Time _____
 Location _____
 Primary Instructor _____ Telephone _____

Approved courses will not include courses or portions of courses on personal enrichment or sales Training/information

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| Method of Instruction _____ Classroom/Lecture _____ Self-Study / Internet / _____ Professional Designation _____ Correspondence _____ Other _____ Hours of Instruction? Contact Classroom Hours _____ <i>IS THIS COURSE OPEN TO THE PUBLIC?</i> _____ Yes _____ No | Method of Determining Successful Completion _____ Final Exam --- Supervised _____ Completed Text _____ Instructor _____ Attendance _____ Other _____ |
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|---|---|
| Continuing Education Credit Hrs _____ _____ Annuities _____ Homeowners _____ Bail Bonding _____ Long-Term Care _____ Bail Recovery _____ Long Term Care 5hr _____ Casualty Only _____ Long Term Care Partnership _____ Claims-Made Training _____ Property/Casualty _____ Credit Adjustment _____ Property/Casualty/Life/A&H _____ Credit Adjustment Ethics _____ Public Adjuster _____ Ethics | Pre-Licensing Courses Require 50 Hours _____ Property _____ Casualty _____ Property/Casualty Combined _____ Life _____ Health _____ Personal Lines |
|---|---|

Application for Credit – Each course sponsor must certify the hours of study, on the average, required to successfully complete each course. The Division of Insurance will grant credit in accordance with: A) State Regulation B) Review.
 The Provider agrees to: 1) Maintain a record for not less than five (5) years for persons attending each course. 2) Provide a Certificate of Attendance/Completion with hours earned to successful attendees within **fifteen** (15) working days after the course is completed. 3) File course rosters and hours earned for each attendee completing the course with CE Administrator on no less than a **monthly** basis. 4) Comply with the regulations of the Division of Insurance in conducting Continuing Education Courses, including Colorado Insurance Regulation 1-2-4.

SUBMITTED BY _____ Name (Typed or Printed) _____ Signature _____ Date _____
 _____ Title _____ Organization _____

DEPARTMENT USE ONLY

_____ Course approved _____ Life/Health/Annuities/Variable _____ Property/Casualty _____ 2 Hr Special Long-term Care _____ Ethics
 _____ Not Approved _____ Personal Lines _____ Bail-Bonding

Comments: _____ By: _____ Signature _____ Date _____

Course ID # _____ Expiration Date _____ Approved Credits _____