

CONTINUING EDUCATION OR PRELICENSING APPLICATION FOR COURSE APPROVAL

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

Provider Number: _____ **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

Method of Instruction
 _____ Classroom/Lecture _____ Self-Study / Internet /
 _____ Professional Designation _____ Correspondence
 _____ Other _____

Method of Determining Successful Completion
 _____ Final Exam --- Supervised
 _____ Completed Text
 _____ Instructor
 _____ Attendance
 _____ Other _____

Hours of Instruction? Contact Classroom Hours _____

IS THIS COURSE OPEN TO THE PUBLIC? _____ Yes _____ No

Continuing Education Credit Hrs _____
 _____ Bail Bonding _____ Homeowners
 _____ Bail Recovery _____ Long-Term Care
 _____ Casualty Only _____ Long Term Care 5hr
 _____ Claims-Made Training _____ Long Term Care Partnership
 _____ Credit Adjustment _____ Property/Casualty
 _____ Credit Adjustment Ethics _____ Property/Casualty/Life/A&H
 _____ Ethics _____ Public Adjuster
 _____ Annuity Best Interest 1
 _____ Annuity Best Interest 4

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/Accident & Health _____ 2 Hr Special Long-term Care _____ Property/Casualty _____ Ethics
 _____ Not Approved _____ Annuity Best Interest 1 _____ Annuity Best Interest 4 _____ Bail-Bonding _____ Personal Lines

Comments: _____ By: _____ Signature _____ Date _____

Course ID # _____ Expiration Date _____ Approved Credits _____