

**District of Columbia Department of Insurance and Securities Banking
Continuing Education
COURSE SCHEDULE**



SECTION 1 – PROVIDER AND COURSE IDENTIFICATION

<input type="text"/>	<input type="text"/>
Provider Name	Provider ID Number
<input type="text"/>	<input type="text"/>
Course Name	Promissor Course Identification Number <i>(if course is previously approved)</i>

SECTION 2 – COURSE DATES AND LOCATIONS

Please assign each course session with one of these three method code numbers:

- | | | |
|---------------------|-----------------------------|-------------------|
| 1. CLASSROOM | 2. INDEPENDENT STUDY | 3. SEMINAR |
|---------------------|-----------------------------|-------------------|

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM	<input type="text"/>
Month Day Year	Start Time	Method Code

Street Address Line 1

Street Address Line 2

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
City	State		Zip Code

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM	<input type="text"/>
Month Day Year	Start Time	Method Code

Street Address Line 1

Street Address Line 2

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
City	State		Zip Code

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM	<input type="text"/>
Month Day Year	Start Time	Method Code

Street Address Line 1

Street Address Line 2

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
City	State		Zip Code

INSTRUCTIONS: For more course entries, use additional forms. If multiple course sessions are offered in the same location, make multiple entries. If course spans multiple days, use only initial day. This form can only be submitted in conjunction with pending course approval or as an update or revision to an approved course. This form must be submitted along with any new course approval application.