



**NEW YORK STATE INSURANCE DEPT.
LICENSING SERVICES BUREAU
Continuing Education Program**
One Commerce Plaza
Albany, New York 12257

FOR DEPARTMENT USE ONLY

Approval No.: _____

Examined By: _____

Date Approved: _____

COURSE APPROVAL APPLICATION

(A separate application is required for each course)

1. Course Title: _____
2. Check method of instruction:
 - A. Classroom
 - B. Speech/Seminar
 - C. Self Study with monitored examination
 - D. Internet Self Study with monitored examination
3. Attach a multi-level course outline indicating a description of the content of the course, the time devoted to each topic, the schedule of instruction and a description of all study materials.
4. A. How many credits are being requested for this course? _____
B. Attach justification for the number of credits requested for this Course.
5. If 2-C or 2-D, above, is checked a monitored examination is required. Exams offered in conjunction with a classroom or speech/seminar course are optional, need to be monitored and will provide for additional credit totalling more than the course credits requested in question 4-A, above.

How many separate credits are requested for the examination? _____

For ALL exams, please provide:

- (a) a description of the examination and a copy of the proposed examination bank of questions, a copy of a recent exam or a sample exam;
- (b) a description of how often the bank of questions is updated and/or how often the questions are rotated between participants or classes;
- (c) a description of the provider's monitor procedures.

6. A. Check the Class(es) of License to which it is requested this course be applied:
- Life Broker Life/A & H Agent Life Consultant Public Adjuster
- Property Casualty Broker Property Casualty Agent General Consultant
- B. Provide justification by describing just how this course will enhance the knowledge of the insurance professional so licensed.

The Provider Organization must immediately notify this Department of any changes in the information on this application.

A non-refundable application fee of \$50.00 must accompany this application.

I verify that the Provider Organization has satisfied itself as to the quality and content of the course offered and, if applicable, the accompanying examination.

Provider Organization Name	Provider Organization Approval Number
Signature of Provider Organization Designated Person	() Designated Person's Telephone Number
Type or Print Name of Designated Person	() Designated Person's Fax Number
Date	Designated Person's E-mail Address

This course may NOT be advertised or offered until a Course Approval Document has been received from this Department.

This course may NOT be offered until the Instructor Approval Document(s) for the Course Instructor(s) has/have been received from this Department.