

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
Insurance Division
233 Richmond Street, Suite 233
Providence, RI 02903-4233
Tel No.: (401) 222-2223
www.dbr.state.ri.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

DATE: _____

Please complete one application for EACH program.

Name of Sponsoring Organization: _____

PROGRAM TYPE

TITLE

_____ Life & Accident / Health _____
 _____ Property / Casualty _____

If course was previously approved, include prior number: _____

TYPE OF COURSE

_____ Online/Correspondence _____ Professional Designation (i.e. CPCU, CLU, etc.)
 _____ Employee Training _____ College/University Curriculum
 _____ Professional Association _____ Other (*Please explain*) _____
 _____ Sponsored Program _____

Attach ONE copy each: Course description, Outline, Agenda/Schedule, Learning Materials, and the Examination, if applicable.
THERE IS A COURSE SUBMISSION FEE OF \$25.00 FOR EACH CE COURSE SUBMITTED AND SHOULD BE ATTACHED
 (check to be made payable to: *General Treasurer, State of Rhode Island*).
The course submission fee is nonrefundable. If course submission is received without the specified fee, the Provider will be notified and is required to submit the appropriate fee(s). Once payment is received, the information will be reviewed during the next scheduled meeting. This will result in a delay of approval.
Course submissions should include a self-addressed, stamped envelope.
Please follow current guidelines in order to facilitate prompt course review and resolution.

Instructor Name: _____

Designations & Qualifications: _____

METHOD OF INSTRUCTION

ACTUAL HOURS

_____ Classroom Participation	_____
_____ Panel Discussion	_____
_____ Lecture Only	_____
_____ Correspondence	_____
_____ Online Learning	_____
_____ Other (<i>Please explain</i>)	_____

MEASUREMENT OF SUCCESSFUL COMPLETION

Supervised Exam? (check one) _____ Yes _____ No
 If yes, who grades the exam? _____ Instructor _____ Student
 Monitored Attendance? (check one) _____ Yes _____ No
 Other (*Please explain*) _____

Application for program submitted by:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____