

Mailing Address:
 CE Coordinator
 Bureau of insurance
 34 State House Station
 Augusta ME 04333



Location:
 Bureau of Insurance
 Gardiner Annex
 76 Northern Ave
 Gardiner ME 04345

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Licensing Division Telephone: (207) 624-8475

“MAINE STATE SPECIFIC COURSE APPROVAL FORM”

Please complete one application for each program.

Enclose \$20 for each course submitted and \$100 if applying for Provider approval (initial).

Provider Name: _____ Provider #: _____

Course Title: _____

Is this Course: NEW RESUBMISSION COURSE#: _____ Course Date: _____

Is this Course **approved** for **another Provider** :

COURSE #: _____ Provider Name _____

Instructor Name (s) **Required:** _____

NOTE: Designations and Qualifications (**Attach CE-4 Form**) **NO RESUMES PLEASE**

METHOD OF INSTRUCTION: (only check one)

Self Study (non-contact)	Classroom (contact)
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Seminar/Workshop
<input type="checkbox"/> On-Line Training (Self –Study)	<input type="checkbox"/> Webinar
<input type="checkbox"/> Video/Audio/CD/DVD	<input type="checkbox"/> Teleconference
<input type="checkbox"/> Other	<input type="checkbox"/> Other

COURSE CONCENTRATION: Note: No credits awarded for sales/marketing courses

Insurance Topics:	Hours Requested	Hours Approved
Ethics		
General Insurance Principles (All Lines)		
Insurance-related Laws		
Life/Health		
Long Term Care		
Personal Lines		
Property/Casualty		
Other (Specify) (Viatical) (Annuities) etc.		
Total Hours Approved by the Maine Bureau Insurance:		

Each application submission must include course description, outlines, tests, promotional brochures, and other materials in describing the type of course checked above.

Bureau use only

Course #:	Approval Date:
Disapproval Date:	Signed:

DEADLINE FOR APPROVAL IS 45 DAYS. (PAGE 2)

The Provider **must** maintain a permanent record of Continuing Education Certification Form CE-6 and furnish a completed copy directly to the student. CE-8 roster **must** be submitted to the state within **30 days** of course completion.

NOTICE:

The Bureau of Insurance **will not** hold submissions/materials that have been reviewed for approval/disapproval. Submissions/materials **will be** discarded.

Application for Program Credit: Please complete all the information

Contact Name: _____

Course Title: _____

If course is part of a national designation program please identify program _____

Provider Name: _____ FEIN #: _____

Address: _____

E-Mail Address: _____ Telephone #: (____) _____

DO NOT WRITE BELOW THIS LINE



The Continuing Education Advisory Committee (C.E.A.C.) has reviewed this application and its supporting information and recommends, by majority opinion, the following action:

_____ This course be **approved** and receive _____ **hours** of credit.

_____ This course **not be approved**.

Comments: _____

Reviewed on behalf of C.E.A.C. by _____ Date: _____