

Mailing Address:
Maine Bureau of Insurance
Attn: Nica LaTour
34 State House Station
Augusta, ME 04333

Location:
Bureau of Insurance
Gardiner Annex
76 Northern Avenue
Gardiner, ME 04345

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Licensing Division
Telephone: (207) 624-8411

“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**

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

Insurance Topics:	Hours
Accident/Health	
Casualty	
Ethics	
General Insurance Principles (All Lines)	
Insurance-related Laws	
Life	
Long Term Care	
Personal Lines	
Property	
Variable Life and Annuity	
Viatical Settlement	
Other (Specify)	
Total Hours	

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

METHOD AND HOURS OF INSTRUCTION:

___ **CL - Classroom** (with actual hours of instruction) _____ **Hours**

___ **CR - Self Study** - Passing of an exam required _____ **Hours**

___ **IT - Online Internet Course** _____ **Hours**

Bureau use only

Provider #:	Course #:
Approval Date:	Disapproval Date:
CE Hours Approved:	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

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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: _____