**State of Maine**

**Department of Professional & Financial Regulation**

**Bureau of Insurance**

**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)**

**METHOD OF INSTRUCTION: (only check one)**

|  |  |
| --- | --- |
| **Self-Study (non-contact)** | **Classroom (contact)** |
| [ ] Correspondence | [ ] Seminar/Workshop |
| [ ] On-Line Training (Self –Study) | [ ] Webinar |
| [ ] Video/Audio/CD/DVD | [ ] Teleconference |
| [ ] Other | [ ] 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 (Viatical, Annuities, Annuities - Best Interest, 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:**  |

CE-1 pg. 1 of 2 (Revised 4/22)

**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 retain scanned copies of submissions/materials that have been reviewed for approval/disapproval.

**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 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:

Office Location: 76 Northern Avenue, Gardiner, Maine 04345

Mailing Address: 34 State House Station, Augusta, Maine 04333

[www.maine.gov/pfr/insurance/home](http://www.maine.gov/pfr/insurance/home)

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: (207) 624-8475  | TTY: Please Call Maine Relay 711 | Consumer Assistance: 1-800-300-5000 | Fax: (207) 624-8599 |