**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**:

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

|  |  |
| --- | --- |
| **Self-Study (non-contact)** | **Classroom (contact)** |
| [ ] Correspondence | [ ] Seminar/Workshop |
| [ ] On-Line Training (Self –Study) | [ ] Webinar |
| [ ] Recorded Media | [ ] Other |
| [ ] Other |  |
| **Word Count:**  |  |

**Measurement of successful completion:** □ Attendance □ Final Exam □ Other \_\_\_\_\_\_\_\_\_\_\_\_

 If Final Exam is required, is the Exam Proctored? □ Yes □ No

**National Designation?** □ Yes □ No

 If yes, Designation Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Difficulty (Check): □** Basic □ Intermediate □ Advanced

**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 |  |  |
| Property/Casualty/Personal Lines  |  |  |
| Other (LTC, 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:**  |

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**DEADLINE FOR APPROVAL IS 45 DAYS**. (PAGE 2)

The Provider **must** maintain a permanent record of Continuing Education Certification Form and furnish a completed copy directly to the student within 30 days. The electronic roster **must** be submitted to the state within **30 days** of course completion. https://www.maine.gov/pfr/insurance/licensees/individuals-business-entities/ce-provider

**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

 Course Title:

 **Instructor Name (s) Required**:

 **NOTE:** Designations and Qualifications (**Attach Continuing Education Speaker/Instructor Qualification Form)**

 Provider Name: FEIN #**:**

 Contact Name: ­­\_\_\_\_

Address:

 E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #: ( )

**DO NOT WRITE BELOW THIS LINE**

**==================================================================================**

The Continuing Education Advisory Committee has reviewed this application and its supporting documentation and recommends, by majority opinion, the following action:

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

 This course be **disapproved**

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 |