



**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:

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

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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

Phone: (207) 624-8475

TTY: Please Call Maine Relay 711

Consumer Assistance: 1-800-300-5000

Fax: (207) 624-8599