



**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)**

<b>Self-Study (non-contact)</b>	<b>Classroom (contact)</b>
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Seminar/Workshop
<input type="checkbox"/> On-Line Training (Self –Study)	<input type="checkbox"/> Webinar
<input type="checkbox"/> Recorded Media	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
<b>Word Count:</b>	

**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**

<b>Insurance Topics:</b>	<b>Hours Requested</b>	<b>Hours Approved</b>
Ethics		
General Insurance Principles (All Lines)		
Insurance-related Laws		
Life/Health		
Property/Casualty/Personal Lines		
Other (LTC, Viatical, Annuities, Annuities - Best Interest, etc.)		
<b>Total Hours Approved by the Maine Bureau Insurance:</b>		

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**

<b>Course #:</b>	<b>Approval Date:</b>
<b>Disapproval Date:</b>	<b>Signed:</b>

**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**

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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