## Indiana Department of Insurance Continuing Education Course Approval Application

☐ New Application ☐ Renewal Applic	ation			
Will course be held one-time only?	s 🗌 No V	Vill course be open to the	e public?	
PROVIDER INFORMATION:				
Provider Name:				
Street Address:				
City:	State:		Zip Code:	
EIN No: Pro		Provider # (if assigned):		
Contact Person:				
Phone: En	nail:		Website:	
COURSE INFORMATION:				
Course Title (max. 40 characters):				
Date of Course:	Start Time:		End Time:	
Course Location:				
Street Address:				
City:	State:		Zip Code:	
Course Category (select all that apply):AdjusterAnnuitiesBail/RecoveryClaimsCreditCropEthicsFinancial PlanningFloodGeneral/All LinesLife/Accident & HealthLong Term CareNavigator CEProfessional DevelopmentProperty & CasualtyTitleTravelWorker's Comp *NOTE: Must select the appropriate Course Category for the course to apply to particular CE requirements for licensees. For example, for the course to apply to a producer's Title or Ethics CE requirement, the "Title" or "Ethics" Course Category must be selected.  Total Number of Credit Hours requested: *Courses with more than one (1) Course Category selected above must specify on the following line how many of the Total credit hours apply to each Course Category. For example, "General/All Lines 21 hours, Ethics 3 hours" may be entered for a 24-hour General/Ethics course.				
Instruction Method: Classroom/Semin For Self-Study: Textbook or Interpretation Interpretation of the Interpretation of Interpretation of Interpretation of Interpretation of Interpretation of Interpretation of Interpretation Int	ernet Word ( , certify thanke full disclosse or provider	Count:*Must t all information is true a sure constitutes grounds r approval. I have read a	nd correct. I understand that any for denial of approval and/or nd understand IC 27-1-15.7 and	
Signature of Contact Person		Date	Date	
The following must be included with co fee by check or money order made payab and text material. If self-study course, included	le to <i>Indiana</i>	Department of Insurance	e or IDOI, content outline/agenda,	

Mail Submission to: Indiana Department of Insurance

c/o CE Coordinator

311 West Washington Street Indianapolis, Indiana 46204-2787

Last Updated: 9/17/18