To be submitted by Insurance Companies ONLY

CONTINUING EDUCATION OR PRELICENSING APPLICATION FOR COURSE APPROVAL

_____   Contact Name_____
Provider Name
_____   Contact Phone Number _____
Address
_____   Contact Email Address _____

Provider Number:	**EIN Number:**

Course Type: _____ Continuing Education _____ Pre-licensing

Course Title/Name _____
Date of Course_____Start Time_____End Time _____
Location _____
Primary Instructor_____Telephone _____

Approved courses will not include courses or portions of courses on personal enrichment or sales Training/information

Method of Instruction
_____Classroom/Lecture   _____Self-Study / Internet /
_____Professional Designation   Correspondence
_____Other_____

Hours of Instruction? Contact Classroom Hours_____
IS THIS COURSE OPEN TO THE PUBLIC? _____Yes   _____No

Method of Determining Successful Completion

_____Final Exam --- Supervised
_____Completed Text
_____Instructor
_____Attendance
_____Other_____
      _____

Continuing Education Credit Hrs _____

_____Bail Bonding   _____Homeowners
_____Bail Recovery   _____Long-Term Care
_____Casualty Only   _____Long Term Care 5hr
_____Claims-Made Training   _____Long Term Care Partnership
_____Credit Adjustment   _____Property/Casualty
_____Credit Adjustment Ethics _____Property/Casualty/Life/A&H
_____Ethics   _____Public Adjuster
_____Annuity Best Interest 1
_____Annuity Best Interest 4

Pre-Licensing Courses Require 50 Hours

_____Property
_____Casualty
_____Property/Casualty Combined
_____Life
_____Health
_____Personal Lines

Application for Credit – Each course sponsor must certify the hours of study, on the average, required to successfully complete each course. The Division of Insurance will grant credit in accordance with: A) State Regulation   B) Review.
The Provider agrees to: 1) Maintain a record for not less than five (5) years for persons attending each course. 2) Provide a Certificate of Attendance/Completion with hours earned to successful attendees within _**fifteen**_ (15) working days after the course is completed. 3) File course rosters and hours earned for each attendee completing the course with CE Administrator on no less than a _**monthly**_ basis. 4) Comply with the regulations of the Division of Insurance in conducting Continuing Education Courses, including Colorado Insurance Regulation 1-2-4.

SUBMITTED BY_____   _____
          Name (Typed or Printed)   Signature   Date

_____   _____
  Title   Organization

DEPARTMENT USE ONLY

_____Course approved   _____Life/Accident & Health   _____2 Hr Special Long-term Care   _____Property/Casualty   _____Ethics
_____Not Approved   _____Annuity Best Interest 1   _____Annuity Best Interest 4   _____Bail-Bonding   _____Personal Lines

Comments: _____   By: _____
          _____   Signature   Date
          _____

Course ID #_____Expiration Date_____Approved Credits _____

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