

**WASHINGTON STATE INSURANCE COMMISSIONER
REQUEST FOR COURSE AND CREDIT APPROVAL
FOR INSURANCE CONTINUING EDUCATION**

Mailing Address

**POB 40257
OLYMPIA WA 98504-0257**

Phone: (360) 725-7146 Fax: (360) 586-2019

Direct Delivery

**INSURANCE 5000 BLDG
5000 CAPITAL BLVD
TUMWATER WA 98501**

Do not use this form to notify OIC of subsequent course offerings. E-mail or fax notice.
Course Title: (Max 50 characters)

Total Credit Hours Requested: _____ **Ethics content hours included** _____

Course Number (If adding an approved course): _____

<p>Provider Number:</p> <p>Provider Name:</p> <p>Address:</p> <p>City: State Zip</p> <p>Telephone No.:</p> <p>Contact Person:</p> <p>E-Mail Address:</p> <p>(Update provider profile?) Yes No</p>	<p><u>Deadline:</u> Submit at least 20 days prior to offering.</p> <p>First Offering: Date: Time:</p> <p>Class Location/Address:</p> <p>Web site address if an on-line course.</p> <p>www. _____</p> <p>Note: If web conference, please confirm monitor and sign in/out required at each location. <input type="checkbox"/> Yes</p>
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<p>LECTURE</p> <p><input type="checkbox"/> Attendance - Sign in/out sheet w/monitor required.</p>	<p>SELF STUDY</p> <p><input type="checkbox"/> Self Study - Examination Required</p> <p>Course Word Count? Ethics?</p> <p><u>Basic/ Intermediate/Advanced</u> level.</p>
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I AGREE to (a) to maintain an attendance record consisting of a sign in, sign out register, continuing education roster or other record of course completion as approved by the Commissioner; (b) to provide a certificate of completion only to those present for the full approved time, or who have successfully completed course requirements; and (c) to comply with regulations issued by the Office of the Insurance Commissioner regarding continuing education.

I further agree that the Certificate of Completion will be signed by the course instructor or other responsible officer of the provider signifying satisfactory completion of the course and reflecting credit hours earned. Such certificate shall be on the approved Washington certificate and completed in its entirety.

NECESSARY ENCLOSURES FOR COURSE APPROVAL: Maintain copies for three years.

(1) Lecture Course: Timed topic outline. (Time allotted for each topic)

(2) Self Study: Topic outline, exam, study material and course word count.

(3) Biography of instructor/speaker.

Name and Title of Responsible Person: _____

Signature: _____ **Date Mailed:** _____

