

**REQUEST FOR COURSE AND CREDIT APPROVAL**

**FOR INSURANCE CONTINUING EDUCATION**

(WA CE Course App 1-2017)

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| **Course Title:** (Max 50 characters)    **Total** Credit Hours Requested: ­­­Ethics Hours Requested(If applicable) | |
| Provider Number:  Provider Name:  Submitter Name:  Telephone No.:  Email:  Date Submitted: | **Email or fax the application and documents to**:  Email Address**:** [InsEdu@oic.wa.gov](mailto:InsEdu@oic.wa.gov)  or Fax: (360) 586-2019  *Do not advertise this course until approved nor offer this course for credit until the effective date.*  *If approved, the course effective date is* ***20 days*** *after the application is received by the OIC.* WAC 284-17-278 |
| **LIVE CLASSROOM or LIVE WEBINAR**  **Classroom** - Attendance is monitored.  OR  **Webinar -** Attendance is monitored.  Course is open to all Washington producers?  Yes  No  *If the course is available in Washington, submit a*  *10 Day Notice by email each time the course is presented.* | **SELF STUDY (On-line or Correspondence)**  **Self Study** - Examination is required.  Course includes video content.  Course is open to all Washington producers?  Yes  No  **Total Word Count**?    Ethics Word Count?       (If applicable)  Basic/ Intermediate/ Advanced level.  Definition: WAC 284-17-286  Web Site Address for course, if an on-line course: |
| Washington insurance continuing education procedures can be reviewed on the commissioner’s website at:<http://www.insurance.wa.gov>Go to the **“For Producers”** tab and select **“Provide Education”.** | |
| INCLUDE ALL NECESSARY DOCUMENTS FOR COURSE APPROVAL. WAC 284-17-278  Maintain course records for at least three years. | |