**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.govor 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 284-17-286Web 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 284-17-278Maintain course records for at least three years. |