



UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

Provider Information

Provider Name		FEIN # (if applicable)			
Contact Person		E-mail Address of Contact Person			
Phone Number () - ext.	Fax Number () -	Home State	Home State Provider #	Reciprocal State	Reciprocal State Provider #
Mailing Address		City	State	Zip	

Course Information

Course Title		
Date of Course Offering (if applicable)		Renewal Course No.: _____
Method of Instruction	National Course	
<p>Self – Study (non-contact)</p> <input type="checkbox"/> Correspondence <input type="checkbox"/> On-Line Training (Self-Study) <input type="checkbox"/> Video/Audio/CD/DVD Word Count _____ Difficulty (Circle) Basic Intermediate Advanced	<p>Classroom (contact)</p> <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Webinar <input type="checkbox"/> Teleconference <input type="checkbox"/> Other _____	<p>National Insurance Designation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type: _____ <hr/> <p>Is this Course Open to the Public?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
Examination Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs Requested by Provider		Hrs Approved by Home State		Hrs Approved by Reciprocal State	
	Sales/Mktg	Insurance	Sales/Mktg	Insurance	Sales /Mktg	Insurance
A. Insurance Topics: (Circle Appropriate Course Concentration)						
Life / Health						
Property / Casualty/Personal Lines						
Ethics						
General (Applies to all lines)						
Insurance Laws						
Other (LTC, NFIP, Viatical, Annuities, _____)						
Total Hours						
B. Adjuster Topics (Total Hours)						

Information Below is for Regulator Use Only

Approval Date			
Course Number assigned			
Course approval expiration date			
Signature of Home State Regulator/Representative OR ATTACH Provider Home State Approval Form			
Signature of Reciprocal State Regulator/Representative OR ATTACH Reciprocal State Approval Form			

See State Matrix for Instruction Sheet and State Specific Fee Schedule