IOWA INSURANCE DIVISION
Continuing Education Program
Course Approval Application

Please Print or Type. Photocopy as Needed.

Provider Name		**Provider Number**	
Street Address	**City**	**State**	**Zip**
Email Address			
Course Title (maximum of 40 characters)		**Course Number** *(Leave Blank)*	

Subject Area: ☐ General ☐ Ethics ☐ Indexed Product ☐ Long-term Care ☐ Annuity Products

Method Type: (select one) ☐ Classroom ☐ Self-study (include word count)

Exact number of credits requested *(no 1/2 credits permitted)*

Is this course open to the public? ☐ Yes ☐ No

Is this course toward a National Designation? ☐ Yes ☐ No

FOR CLASSROOM ONLY

How will this course be taught? (check all that apply) ☐ Lecture ☐ Workshop ☐ Panel Discussion ☐ Video/Teleconference ☐ Interactive Web-based ☐ Other_____

Exact number of credits requested *(no 1/2 credits permitted)* _____

List the date, starting time, and location of the first course presentation. Attach a separate sheet of paper if there is more than one date and location. If unknown, note "tbd" (to be determined) and note, IAC Chapter 11 requires "Within 30 days of course approval, CE providers shall inform the division or its vendor, as directed by the division, of the dates and locations that the course will be offered. Failure to timely file the dates and locations will subject the CE provider to penalty and suspension or recission of course approval."

Date **Street Address** *(No PO Boxes permitted)* **Phone Number**

Starting Time (first presentation) **City, State, and ZIP Code**

If needed, additional dates and locations can still be added after approval is given by going to www.pearsonvue.com.

List Name(s) and Qualifications of the Instructor(s). Use a separate sheet of paper if needed.

List names and sample signatures of persons authorized to sign the certificates of completion.

Name **Signature**

FOR ALL COURSES

Attach a comprehensive course outline. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. The total time of the class MUST also be included in the outline.

Has the provider, or any officer, principal or instructor of the company, had any disciplinary action taken since your last application for course approval in the state of Iowa? ☐ Yes ☐ No

I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all Division policies and requirements and Iowa Administrative Rules. Please allow 30 days from date of receipt by Pearson VUE for processing.

Print or Type Name of Provider Representative **Phone Number**

Signature **Date**

Make $55 fee payable to Pearson VUE/IA CE and mail form with the $55 fee to:
Pearson VUE
Attn: Iowa Ins CE Approval
62398 Collections Center Drive, Chicago, IL 60693-0623
The $55 fee represents an administrative expense and is therefore not refundable.

Copyright © 2012 Pearson Education, Inc. or its affiliates. All Rights Reserved.

Stock #1216-04 02/12