



State of Wisconsin
Office of the Commissioner of Insurance
Provider Course Application for Approval of
Prelicensing Education Credit or Noncredit Courses

Ref: Section Ins 26.05, Wis. Adm. Code
 Ref: Section Ins 26.06, Wis. Adm. Code

PLEASE PRINT CLEARLY

Entity Name		FEIN	
Address		Provider Number <i>(New Provider: submit \$50)</i>	
City		State	Zip
Phone Number	Toll Free Number		
Contact Name			
Email Address			
Provider Type <input type="checkbox"/> Association <input type="checkbox"/> Education Institution <input type="checkbox"/> Firm <input type="checkbox"/> Insurer <input type="checkbox"/> Publishing Company			
Available Courses (\$10 for each course hour submitted) Word Count _____ <input type="checkbox"/> Life - 12 hours <input type="checkbox"/> Accident & Health - 12 hours <input type="checkbox"/> Property - 12 hours <input type="checkbox"/> Casualty - 12 hours <input type="checkbox"/> Personal Lines P&C - 12 hours <input type="checkbox"/> WI Insurance Laws and Ethics - 8 hours			
CREDIT COURSES ONLY (colleges & universities providing college credit toward a degree) <i>Complete 1-4 below then go to page 2 of this form under the Certification section.</i>			
1. Name(s) of department/campus where courses are offered. (Attach additional sheets as needed.) _____ _____			
2. Give an overview of the general method for course instruction and attach course program material: _____ _____ _____			
3. Course numbers and titles (attach course outlines indicating time devoted to each topic): _____ _____ _____			
4. Attach current school course catalog and evidence of licensing or approval by Wisconsin Educational Approval Board, if required by s. 38.50, Wis. Stat.			

NONCREDIT COURSES ONLY (Complete 1-6 below then go to the Certification section of this form.)

1. Attach evidence of licensing or approval by Wisconsin Educational Approval Board, if required by s. 38.50, Wis. Stat.
2. List each instructor and the subject matter they will be teaching and attach a description of their qualification, including their license number, if applicable, and/or evidence of meeting any of the criteria in s. Ins 26.06 (2) (b) 4-7, Wis. Adm. Code. (Attach additional sheets as needed.)

3. Attach a description of program's organizational structure, registration policies, fee schedules, and promotional materials.
4. Attach detailed outlines of the subject matter to be covered by the program as identified in s. Ins 26.06 (1) (d), Wis. Adm. Code.
5. Describe or attach materials describing the student record systems including a description of the methods for documenting attendance:

6. Attach a description of the method used for evaluating instructors and a summary of previous evaluations conducted.

CERTIFICATION

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of approval or may be cause for denial of the application.

I intend to act in good faith and to comply with all applicable Wisconsin laws and with all applicable rules and orders of the Wisconsin Commissioner of Insurance.

Signature of School Representative

Title

Name (Please Print)

Date

Forward this form, all mandatory attachments, and appropriate processing fee (number of credit hours requested by \$10.00 per credit hour; if new provider, submit additional \$50) to:

**Pearson VUE
Attn: WIPE Approval
P.O. BOX 8588
Philadelphia, PA 19101-8588**

All checks must be made payable to "Pearson VUE."
The fee represents an administrative expense and is therefore not refundable.