State of Tennessee

Department of Commerce and Insurance

APPLICATION FOR COURSE APPROVAL

THERE IS NO FEE FOR COURSE APPROVAL.

PROVIDER NAME: _____ PROVIDER NUMBER: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE: ( ) _____

Course Title: _____

Credit Hours Requested: _____

Type of Course ☐ Pre-licensing ☐ Continuing Education

Authority Lines Requested: ☐ Life/Health/Accident/Annuities/Variable ☐ Property/Casualty
☐ General ☐ Either ☐ TN Long-Term Care Partnership
☐ Ethics

Course Concentration: ☐ Product ☐ Management ☐ Marketing
☐ General Insurance Principles ☐ Other: _____

Method of Instruction: ☐ Classroom ☐ Self-Study ☐ Seminar ☐ Web-based
☐ Other: _____

Method of Completion: ☐ Classroom Exam ☐ Final Exam/Self Study ☐ Attendance
☐ Other: _____

Names and signatures of instructors authorized to sign Certificates of Completion:

(1) _____ _____
Name (Typed/Printed) Signature

(2) _____ _____
Name (Typed/Printed) Signature

Application for Credit: Credit will be granted in accordance with state regulations and review by the Department of Insurance. The provider agrees to maintain a record for not less than four (4) years in Tennessee for persons attending each course. Provider will provide a Certificate of Attendance/Completion with hours earned to successful students. The Certificate must comply with the regulations of the Department of Insurance.

Course Approval Attachments: The following items must be part of the completed course approval application. Please attach to this form:

1) Course description
2) Continuing education objectives
3) Course timed outline or table of contents
4) Instructor biographical statement with name and signature
5) Additional materials that may be submitted in considering the course approval:
   a) Promotional materials
   b) Policies and/or forms
6) **Please note that there is no fee for course approval.**

Submitted by _____ _____
Name (Typed/Printed) Signature Date

_____
Title

OFFICE USE ONLY

COURSE NUMBER _____

_____Course Approved for _____hours

_____Not Approved

_____Life/Acc/Health/Variable **_____Property/Casualty**

_____General **_____Either**

_____TN Long Term Care Partnership **_____Ethics**

REASON: _____

_____

Mail completed application to: PEARSON VUE, Attention: TNCE, PO Box 8588, Philadelphia, PA 19101-8588