EXHIBIT E – INDIVIDUAL APPLICATION
NO FEE REQUIRED

IDAHO CONTINUING EDUCATION COURSE APPLICATION
IDAHO DEPARTMENT OF INSURANCE RULE NO. 53

NOTE: EXHIBIT E FORM, TIMED COURSE OUTLINE AND PROOF OF COMPLETION MUST BE SUBMITTED TO THE IDAHO DEPARTMENT OF INSURANCE
WITHIN 180 DAYS OF THE COURSE COMPLETION DATE.

NAME, LICENSE NUMBER, PHONE, EMAIL ADDRESS, MAILING ADDRESS OF **INDIVIDUAL** SUBMITTING THIS APPLICATION

NAME _____ IDAHO LICENSE NUMBER _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY_____ STATE_____ ZIP CODE_____

COURSE TITLE _____ DATE OF COMPLETION _____

LOCATION _____ CITY _____

INSTRUCTOR _____

COURSE CATEGORY: **LIFE** ☐ **HEALTH** ☐ **PROPERTY** ☐ **CASUALTY** ☐
ETHICS ☐ **GENERAL** ☐ **LTC** ☐
ADJUSTER ☐ **ANNUITIES SUITABILITY** ☐

METHOD OF INSTRUCTION (circle appropriate):

Classroom (contact): Seminar/Workshop Webinar Teleconference Other _____

Self-Study (non-contact): Correspondence Online training Video/Audio/CD/DVD

Requested number of hours for this course _____

METHOD OF DETERMINING SATISFACTORY COMPLETION:
Examination Attendance Report Other _____

FOR DEPARTMENT USE ONLY Date Reviewed _____

Approved Hours _____

( ) Approved hours/course type changed from the previous approval

_____ Course NOT approved for the following reason(s):
( ) Sales/Marketing Oriented ( ) Does Not Relate to Insurance ( ) Self-Motivational ( ) Computer Science

( ) Other _____

Idaho Course Number: _____ Signature: _____

NOTE: Courses submitted using the Exhibit E application must have a completion date that falls during the renewal period in which it is submitted, and at least 30 days prior to the license expiration date. Idaho regulation does not allow carry over of any CE credit from one renewal period to another.

Idaho Department of Insurance, P.O. Box 83720, Boise, Idaho 83720-0043