State of Idaho
# DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

# LICENSEE INDEPENDENT  CE CREDIT CONSIDERATION FORM
### *Open this form in Adobe Acrobat to use all the fields.*

This form is for individual licensees who want to submit a course for CE credit that was not in the CE catalog but they believe qualifies for credit. CE providers must apply per the Idaho statute.

Submissions are reviewed by the CE Advisory Committee and may take 30 days or more to process.

## Restrictions:
- Application must be submitted at least 30 days prior to the expiration date of your license.
- The course must have been taken during the current renewal period.
- Application must be submitted for committee review within 60 days of the course completion date.
- All required documents must be submitted together for the application to be considered valid.
- All sections of the application must be completed for the application to be considered valid.
- If the course was offered by an approved CE provider, it does not qualify for consideration.

## Acceptable CE Subjects:

### Producer Subjects:
- Insurance,
- Fixed/indexed annuities
- Risk management
- Insurance/Business laws and rules
- Math, stats, probability
- Economics
- Finance
- Taxes, trusts, estate planning
- Business environment, Management, Organization
- Securities

### Adjuster Subjects:
- Insurance
- Insurance laws and rules
- Math, stats, probability
- Econ. v. Business law
- Restoration
- Communications
- Arbitration
- Mitigation
- Glass replacement /repair

## Unacceptable CE Subjects:
- Insurance Licensing Exam Test prep
- Committee Service of Professional Organizations
- Computer Science Courses

- Motivation, Psychology, or Selling Skills Courses
- Reviews, Quizzes and/or Examinations.
- Any Program Not in Accordance with this Rule

## Submission Instructions:

1. Assemble your submission packet. The packet must include the following:

    _____ The completed Exhibit E form

    _____ A detailed course outline or course agenda. This outline must have the sections timed.

    _____ A copy of your certificate of completion

    _____ Information about the qualifications of the instructor(s)

2: Send all documents to continuing.education@doi.idaho.gov

## LICENSE THE COURSE IS TO BE APPLIED TO

| NAME | | NPN |
|---|---|---|
| | | |

| PHONE NUMBER | EMAIL ADDRESS |
|---|---|
| | |

| MAILING ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

## COURSE INFORMATION

| COURSE CODE/ NUMBER *(enter 'NA' if unknown)* | INSTRUCTOR NAME |
|---|---|
| | |

| COURSE TITLE | DATE OF COMPLETION |
|---|---|
| | |

| LOCATION *(enter 'NA' for on-line courses)* | CITY *(enter 'NA' for on-line courses* |
|---|---|
| | |

| COURSE CATEGORY | METHOD OF INSTRUCTIONS |
|---|---|
| | |

| REQUESTED CREDIT HOURS | METHOD OF SATISFACTORY COMPLETION |
|---|---|
| *(minimum of 1 hour Maximum of 24)* | |

Professional education courses are credited for continuing education purposes in full hours only. The number of hours is equivalent to the actual number of contact hours the student has with the course, There is a minimum requirment of at least 50 minutes of instruction or participation. No credit will be given for partial attendance.

Attestations: Carefully read and initial each of the attestations below.

_____ I have included all required documents as listed on page one of this form.

_____ I understand failure to include all required documents will result in the delay and possible rejection of the course.

_____ I understand failure to complete this form correctly will result the delay and possible rejection of the course.

### FOR DEPARTMENT USE ONLY

**Course Status**

| Course Hours |
|---|
| Course Category |
| Method of Instruction |
| Method of Determining Completion |

Course not approved for the following reason(s):

Sales/Marketing Oriented          Does Not Relate to Insurance          Self-Motivational          Computer Science

Other

CE Committee Member Signature: _____          Date: _____