

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

NAME AND ADDRESS OF **SPONSOR** SUBMITTING COURSE

NAME AND TELEPHONE NUMBER OF **CONTACT PERSON**

| | |
|-----------------------|---------------------------------------|
| PROVIDER NAME _____ | FEDERAL TAX ID# (REQUIRED) _____ |
| CONTACT PERSON _____ | EMAIL ADDRESS OF CONTACT PERSON _____ |
| PHONE NUMBER _____ | FAX NUMBER _____ |
| MAILING ADDRESS _____ | CITY _____ STATE _____ ZIP CODE _____ |

COURSE TITLE _____ DATE OF COURSE _____

LOCATION _____ CITY _____

INSTRUCTOR _____ (IF INSTRUCTOR IS NOT PREVIOUSLY APPROVED ATTACH BIO)

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

IS THIS COURSE OPEN TO THE PUBLIC? YES NO

IF THIS COURSE IS A RENEWAL – COURSE NUMBER _____ EXPIRATION DATE _____

METHOD OF INSTRUCTION:

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 _____

NAMES AND SIGNATURES OF AUTHORIZED REPRESENTATIVES TO SIGN CERTIFICATE OF COMPLETION:

Name (Type or Print)

Signature

Name (Type or Print)

Signature

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: Exhibit A form and detailed/timed outline or agenda must **both** be submitted to the Idaho Department of Insurance along with **non-refundable \$25 per course** processing fee

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