



**NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
LICENSING SERVICES BUREAU  
Continuing Education Program**  
One Commerce Plaza  
Albany, New York 12257

FOR DEPARTMENT USE ONLY

Approval No.: _____
Examined By: _____
Date Approved: _____

**COURSE APPROVAL APPLICATION**  
(A separate application is required for each course)

1. Course Title: \_\_\_\_\_
2. Check method of instruction:
  - A.  Classroom
  - B.  Speech/Seminar/Multi-Session Conference
  - C.  Self Study with monitored examination
  - D.  Internet Self Study with monitored examination
3. Attach a multi-level course outline indicating a description of the content of the course, the time devoted to each topic, the schedule of instruction and a description of all study materials.
4. A. How many credits are being requested for this course? \_\_\_\_\_  
B. Attach justification for the number of credits requested for this Course.
5. If 2-C or 2-D, above, is checked a monitored examination is required. Exams offered in conjunction with a classroom or speech/seminar course are optional, need to be monitored and will provide for additional credit totaling more than the course credits requested in question 4-A, above.

How many separate credits are requested for the examination? \_\_\_\_\_

For ALL exams, please provide:

- (a) a description of the examination and a copy of the proposed examination bank of questions, a copy of a recent exam or a sample exam;
- (b) a description of how often the bank of questions is updated and/or how often the questions are rotated between participants or classes;
- (c) a description of the provider's monitor procedures.

6. Check the Class(es) of License to which it is requested this course be applied:
- Life Broker    Life/A & H Agent    Life Consultant    Public Adjuster
- Property Casualty Broker    Property Casualty Agent    General Consultant
7. Provide justification by describing how this course will enhance the knowledge of the insurance professional so licensed.

The Provider Organization must immediately notify this Department of any changes in the information on this application.

A non-refundable application fee of \$50.00 must accompany this application. **Make the check payable to the Superintendent of Financial Services.**

I verify that the Provider Organization has satisfied itself as to the quality and content of the course offered and, if applicable, the accompanying examination.

<b>Provider Organization Name</b>	<b>Provider Organization Approval Number</b>
<b>Signature of Provider Organization Designated Person</b>	(_____) <b>Designated Person's Telephone Number</b>
<b>Type or Print Name of Designated Person</b>	(_____) <b>Designated Person's Fax Number</b>
<b>Date</b>	<b>Designated Person's E-mail Address</b>

**This course may NOT be advertised or offered until a Course Approval Document has been issued by this Department.**

**This course may NOT be offered until the Instructor Approval Document(s) for the course has/have been issued by this Department.**