

NEW HAMPSHIRE CONTINUING EDUCATION COURSE APPLICATION

Please clearly print or type information on this form. Thank you for helping us promptly process your application.

CEA1

Provider Information

Revised 7/1/10

Provider Name			NH Provider ID		
Contact Person		E-mail Address of Contact Person		Is Provider an Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	Ext.	Website Address	Previously submitted course ? <input type="checkbox"/> Yes COURSE ID _____ <input type="checkbox"/> No	Accredited to another Provider? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Provider Name _____ _____
Mailing Address			City	State	Zip Code

Course Information

Course Title		
Course Objective/Major course topics		
Method of Instruction		*National Course*
Self-study <input type="checkbox"/> Correspondence <input type="checkbox"/> On-line Training (self study) <input type="checkbox"/> Video/Audio/CD/DVD <input type="checkbox"/> Word Count _____ <input type="checkbox"/> Difficulty (Circle) Basic Intermediate Advanced	Classroom <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> On-line Training (facilitated) <input type="checkbox"/> Teleconference <input type="checkbox"/> Other _____	National Insurance Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Type: Course offered by Higher Education Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No How will attendance & successful completion be evaluated? _____ _____ _____
Examination Required? <input type="checkbox"/> Yes <input type="checkbox"/> No How will student be evaluated _____ _____ _____		

Credit Hours Requested and Course/Hours Decision

Course Concentration	Hrs. Requested by Provider	Hrs. Approved by Reciprocal states		Hrs. Approved by NH
		State	Hours	
A. Producer Topics:				
General Insurance Principles (All Lines)				
Ethics				
Other (Long Term Care Partnership, National Flood Ins. Program, or Life Settlement Producer) Please circle				
Total Hours				
B. Multiline Adjuster : Total Hours				
C. Workers' Comp adjuster: Total Hrs				
D. Public Adjuster : Total Hours				

-----Information Below is for State of NH Use Only-----	Check#	Amt pd
Approval/Disapproval date		
Course number assigned (if course is approved)		
Course approval expiration date (if course is approved)		
DISAPPROVAL REASON:		

Instruction Sheet

NOTE: This course may **NOT** be advertised or offered in the state to which application has been made until approval has been received from the NH Insurance Department.
Credits will only be awarded for courses whose subject matter will increase technical knowledge of insurance principles, coverages, laws or regulations and will not be awarded for topics such as personal improvement, motivation, time management, supportive office skills or other matters not related to technical insurance knowledge. No credit is awarded for sales and/or marketing courses .

New Providers must also attach the Continuing Education Provider Contact Form to their course application.

Complete the Course application.

Submit the application form along with course materials, a detailed timed course outline, and the required course application fee.

Submission shall be made at least 45 days prior to commencement of the program.

Programs which include **multiple days** require a separate application and fee for each day. Otherwise a student that does not attend all sessions is not entitled to any credit.

* Non-refundable course application fee is \$25.00 per license type. Checks are payable to the NH Insurance Dept

Requests that are incomplete or contain inaccurate information will delay review.

The decision on approval of course application will be issued within 30 days of receipt of a complete application

Courses are approved for approximately 2 years and the expiration will be noted on the approval notice.

Providers are responsible for submitting course rosters for their students and should be completed within 15 days.

Providers will submit roster using the State Based System internet banking procedure. The processing fee is \$1.00 per credit.

For technical support , contact SBSHelp@naic.org 816-783-8450

Providers may contact Joan LaCourse at 603-271-0203 ext 209 or at joan.lacourse@ins.nh.gov

Cheryl Gagnon at 603-271-0203 ext 259 or cheryl.gagnon@ins.nh.gov

NH Continuing Education is regulated by RSA 402B, 402D and 402J, 281-a:63 and Administrative Rule 1300.

***National Course** is defined as an approved program of instruction in insurance related topics including a course leading to a national professional designation or an insurance course at an institution offered as part of a degree-conferring curriculum, presented by an approved CE Provider Organization.

* fee change effective 10/19/07

Mail to

***NH Insurance Dept.
Continuing Education
21 So.Fruit St Ste 14
Concord NH 03301***