



# IOWA INSURANCE DIVISION

## Continuing Education Program

### Course Approval Application

Please Print or Type. Photocopy as Needed.

Provider Name		Provider Number	
Street Address	City	State	Zip
Email Address			
Course Title <i>(maximum of 40 characters)</i>		Course Number <i>(Leave Blank)</i>	
Subject Area: <input type="checkbox"/> General <input type="checkbox"/> Ethics <input type="checkbox"/> Indexed Product <input type="checkbox"/> Long-term Care <input type="checkbox"/> Annuity Products			
Method Type: <i>(select one)</i> <input type="checkbox"/> Classroom <input type="checkbox"/> Self-study (word count)			
Exact number of credits required <i>(no 1/2 credits permitted)</i>			
Is this course open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>FOR CLASSROOM ONLY</u></b>			
How will this course be taught? <i>(check all that apply)</i>			
<input type="checkbox"/> Lecture <input type="checkbox"/> Workshop <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Video/Teleconference <input type="checkbox"/> Other _____			
Exact number of credits requested <i>(no 1/2 credits permitted)</i> _____			
List the date, starting time, and location of the first course presentation. Attach a separate sheet of paper if there is more than one date and location. <b>ALL DATES AND LOCATIONS MUST BE LISTED.</b>			
Date	Street Address <i>(No PO Boxes permitted)</i>	Phone Number	
Starting Time (first presentation)		City, State, and ZIP Code	
<i>If needed, additional dates and locations can still be added after approval is given by going to <a href="http://www.pearsonvue.com">www.pearsonvue.com</a>.</i>			
List Name(s) and Qualifications of the Instructor(s). Use a separate sheet of paper if needed.			
List names and sample signatures of persons authorized to sign the certificates of completion.			
Name		Signature	
<b><u>FOR ALL COURSES</u></b>			
Attach a comprehensive course outline. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. The total time of the class <b>MUST</b> also be included in the outline.			
Has the provider, or any officer, principal or instructor of the company, had any disciplinary action taken since your last application for course approval in the state of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all Division policies and requirements and Iowa Administrative Rules. <b>Please allow 30 days from date of receipt by Pearson VUE for processing.</b>			
Print or Type Name of Provider Representative		Phone Number	
Signature		Date	

Mail with \$50 fee to: **Pearson VUE**, Attn: Iowa Ins CE Approval, PO Box 8588, Philadelphia, PA 19101-8588  
 For time sensitive material mail with \$50 fee to: **Pearson VUE**, Attn: IA CE Approval, 3 Bala Plaza W Ste. 300,  
 Bala Cynwyd, PA 19004-3481

**The \$50 fee represents an administrative expense and is therefore not refundable.**