

**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 OR 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 **\$25 per course** processing fee

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