Hawaii Insurance Division
Continuing Education Program
Course Approval Application

PLEASE PRINT CLEARLY OR TYPE.
INCOMPLETE APPLICATIONS WILL BE REJECTED.
SUBMIT ONE ORIGINAL SIGNED APPLICATION AND
TWO COPIES OF THE APPLICATION AND
CORRESPONDING INFORMATION.

Provider Name:

Provider Number:

Course Title *(maximum 40 characters)*:

Course Type:

- ☐ Classroom – Seminar/Workshop
- ☐ Classroom – On lineTraining
- ☐ Classroom – Video / Teleconference
- ☐ Self-study - Correspondence
- ☐ Self-study – On line Training
- ☐ Other _____

Course is classified as:

- ☐ Basic
- ☐ Intermediate
- ☐ Advanced

For classroom courses, how much time will students be required to attend class to receive credit?

_____

How will classroom attendance be verified?

- ☐ Periodic roll call or attendee audit
- ☐ Sign-in/out sheet and door monitor
- ☐ Attendance ticket and door monitor
- ☐ Other _____

Do you require an examination?

- ☐ Yes
- ☐ No

Number of Credit Hours Applying For
(maximum credits approved: 20)

_____

For which license line(s) are you seeking credit? ☐ Life / Health Subject ☐ Property / Casualty Subject ☐ Life / Health Law ☐ Property / Casualty Law

Provide a summary description of the content and scope of the course below (minimum 50 words):

For classroom and seminar courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.

For self-study or internet courses: Enclose a copy of the self-study or internet course materials with a copy of the final examination and exam plan. For each examination question, provide a page and paragraph reference to the study materials.

Has this course been approved in other states? ☐ Yes ☐ No
If yes, please list the states and credit hours approved.

I certify that I have read the Hawaii Revised Statutes and agree to abide by those laws and the Hawaii insurance rules and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those laws and rules applicable to instructors. I am aware that any failure to abide by the Hawaii Revised Statutes and rules may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.

_____ Applicant's Signature

_____ Date

_____ Print or Type Name

_____ Title

OFFICE USE ONLY: ***(Do Not write in this area)***

Effective Date: _____ Expiration Date: _____

Approved for _____ credit hours
Course Number: _____

Disapproved _____
Course Number: _____
Disapproval Reason: _____

I64 $_____
I54 $_____
I18 $_____

FORM CE 2A (Revised July 2004)