

Kentucky Department of Insurance  
Continuing Education/Pre-Licensing Program  
Course Approval Application

- Continuing Education Course**  
 **Pre-Licensing Course**

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

Provider Name	Provider Number
Course Title (maximum 40 characters)	Course Number (Leave Blank)
Course Type: <input type="checkbox"/> Self-Study <input type="checkbox"/> Classroom <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Correspondence Towards Designation <input type="checkbox"/> Professional Association <input type="checkbox"/> Video/Audio <input type="checkbox"/> Teleconference <input type="checkbox"/> Computer Based Training (Classroom) <input type="checkbox"/> Computer Based Training (Correspondence)	<input type="checkbox"/> Correspondence <input type="checkbox"/> Webinar (Classroom) <input type="checkbox"/> Webinar (Correspondence)
How will classroom attendance be verified? <i>(check all that apply)</i> <input type="checkbox"/> Periodic Roll Call or Attendee Audit <input type="checkbox"/> Sign-in/out Sheet and Door Monitor <input type="checkbox"/> Attendance Ticket and Door Monitor Other _____	For classroom only, how many contact hours will students be required to attend class to receive credit? _____ Do you require an examination for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a summary description of the content and scope of the course below <i>(minimum 50 words)</i> : _____ _____ _____	
For classroom 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. <b>Course Concentration Requested:</b> Please check all that apply. (Ethics courses must be filed as separate course for Ethics credit to be granted.)	
<input type="checkbox"/> Annuity Suitability (Federal Training Requirement) <input type="checkbox"/> Flood – NFIP <input type="checkbox"/> Life <input type="checkbox"/> Variable Life/Variable Annuity <input type="checkbox"/> Health <input type="checkbox"/> Property <input type="checkbox"/> Casualty	<input type="checkbox"/> Annuities and Securities <input type="checkbox"/> Long Term Care Partnership Act <input type="checkbox"/> General Insurance Principles <input type="checkbox"/> Life Settlement <input type="checkbox"/> <b>Ethics (Must be filed as separate course)</b> <input type="checkbox"/> Personal Lines
Has this course been previously approved by Prometric in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Prometric-issued course number.	
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 applicable policies and program requirements established by the Kentucky Department of Insurance.	
_____ Print/Type Name of Provider Representative	_____ Signature
_____ Date	

Return this original completed form with course outline and timeframe, and/or course materials to:  
 Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236.  
 Pay all fees through KY eServices