

Hawaii Insurance Division

Continuing Education Program

Course Approval Application

PLEASE PRINT CLEARLY OR TYPE.
INCOMPLETE APPLICATIONS WILL BE REJECTED.
SUBMIT ORIGINAL SIGNED APPLICATION.

Provider Name:		Provider Number:	
Course Title <i>(maximum 40 characters):</i>			
Course Type <input type="checkbox"/> Classroom <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Online Training <input type="checkbox"/> Video/Teleconference <input type="checkbox"/> Webinars		Course is classified as: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
How will classroom attendance be verified? <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 <input type="checkbox"/> Other _____		Do you require an examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For which license line(s) are you seeking credit?		<input type="checkbox"/> Life / Health Subject <input type="checkbox"/> Life / Health Ethics <input type="checkbox"/> Life / Health Law	
<input type="checkbox"/> Property / Casualty Subject <input type="checkbox"/> Property / Casualty Ethics <input type="checkbox"/> Property / Casualty Law		For classroom courses, how much time will students be required to attend class to receive credit? _____	
Number of Credit Hours Applying For <i>(maximum credits approved: 24)</i> _____			
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.			
For self-study or internet courses: Enclose a copy of the self study or internet course materials.			
Has this course been approved in other states? <input type="checkbox"/> Yes <input type="checkbox"/> 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	