



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION
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RHODE ISLAND NON-RESIDENT INSTRUCTIONS AND APPLICATION FOR
CONTINUING EDUCATION COURSE APPROVAL
(NON-RECIPROCAL)

In order to obtain course approval Rhode Island non-resident continuing education course providers should

- Complete the Application attached.
- Scan the application and upload to https://sbs-ri.naic.org/Lion-Web/jsp/login/ext_provider_login.jsp with the course description, outline, agenda/schedule, learning materials, and the examination, if applicable. Rhode Island only accepts electronic submissions.
- The fee is \$60 for each course submitted. Payment will be made at the time of submission online using credit card.
- Note:** For courses that include ethics, providers should be specific with regard to the number of credits that are being requested for ethics. One continuing education credit is equivalent to fifty minutes. The “Program Type” and “Course Title” should be checked **“Property & Casualty AND Ethics.”**

****If you are requesting that the course be certified for compliance in any of the following please include a specific request (including the specific statutory reference)****

- 8 hour LTC care course required prior to sale of LTC policy (RIGL 27-34.2-21)
- 4 hour LTC follow up course
- Annuity suitability (Regulation 12)

**COURSE APPLICATIONS THAT ARE NOT COMPLETE WILL RESULT IN A
DELAY OF APPROVAL**



RHODE ISLAND RESIDENT APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

DATE: _____

Please complete one application for EACH course and be sure to attach the filing fee of \$60.

Rhode Island CE Provider No. (all CE Providers must provide their assigned RI number): _____

Name of Sponsoring Organization/CE Provider: _____

PROGRAM TYPE (please complete) COURSE TITLE

_____ Life & Accident, Health or Sickness _____
_____ Property & Casualty _____
_____ Ethics _____

or

Property & Casualty **AND** Ethics _____

Life & Accident, Health or Sickness **AND** Ethics _____

If course was previously approved in Rhode Island, include prior course number and the course expiration date:

COURSE TYPE (please check)

_____ Online/Correspondence _____ Self Study Text Book Instruction
_____ Classroom _____ Video/Audio/CD/DVD
_____ Computer Based Training (Classroom) _____ Workshop/Seminar
_____ Computer Based Training (Not in Classroom) _____ Other (*Please explain*) _____
_____ Correspondence Towards Professional Designation (i.e. CPCU, CLU, etc.)

Instructor Name:

_____ Designations & Qualifications: _____

MODE or METHOD OF INSTRUCTION (please check) ACTUAL HOURS

_____ At Home _____
_____ Classroom Participation _____
_____ Correspondence _____
_____ Lecture Only _____
_____ Online Learning _____
_____ Panel Discussion _____
_____ Self study with monitored examination _____
_____ Speech Seminar _____
_____ Other (*please explain*) _____

MEASUREMENT OF SUCCESSFUL COMPLETION

Supervised Exam? (*check one*) Yes No

If yes, who grades the exam? Instructor Student

Monitored Attendance? (*check one*) Yes No

Other (*Please explain*) _____

RI Application for CE program submitted by:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____