



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Avenue, Bldg. 69-2
Cranston RI 02930
Telephone No. (401) 462-9520
www.dbr.state.ri.us

FAX No. 462 9602

**RHODE ISLAND NON-RESIDENT INSTRUCTIONS AND APPLICATION FOR CONTINUING
EDUCATION COURSE APPROVAL
(NON-RECIPROCAL)**

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

- ❑ Complete the Application attached. Scan the application and send to cedbr@dbr.state.ri.us with the course description, outline, agenda/schedule, learning materials, and the examination, if applicable. Rhode Island only accepts electronic submissions.
- ❑ Send a check for \$60, payable to *General Treasurer, State of Rhode Island*, for each course submitted to DBR, Insurance Division, Continuing Education, 1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920 (fees may be included in one check for multiple course submissions; fees are nonrefundable). Include a copy of the application(s) to allow the Department to match the check to the specific course. The Department will not begin renewal of the course submission until the fee is received.

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

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.”**



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: _____