

Prelicensing/Continuing Education Program

Course Approval Application

446-3 (Rev. 12/2003)

Producer Licensing, Education Section

320 CAPITOL MALL
 SACRAMENTO, CA 95814-4309
 Information (916) 492-3064
 www.insurance.ca.gov

<p>Instructions:</p> <ul style="list-style-type: none"> ▪ This form must be completed for each course to be approved. ▪ A completed application with the proper attachments and filing fee must be received in the Department at least 30 days prior to the first course presentation. ▪ Courses must be minimum of one hour, no fractional hours are granted. 		<p style="text-align: center;">Department Use Only:</p> <p>Course #: _____</p> <p>Approval period: _____</p> <p>Credit Hours: _____ Category code: _____</p>	
First course presentation date: _____		Provider Number: 20054	Phone Number: (916) 646-8600 x 10
Provider Name:	NAIFA-California		
Address:	Street 1451 River Park Dr Suite 175 City Sacramento State CA Zip 95815-4520		
Course Title:*			
Check one course type:			
<input type="checkbox"/> Prelicensing		<input checked="" type="checkbox"/> Continuing Education:	
Prelicensing course hours: <input type="checkbox"/> 12-hour <input type="checkbox"/> 20-hour <input type="checkbox"/> 32-hour <input type="checkbox"/> 40-hour <input type="checkbox"/> 52-hour		If continuing education, is this course intended to meet any statutory requirements? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, indicate requirement below)	
		<input type="checkbox"/> CA Long-Term Care (Tax Qualified) <input type="checkbox"/> 24-Hour Care Coverage <input type="checkbox"/> CA Partnership for Long-Term Care	
Instruction Method:			
Contact: <input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input checked="" type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Teleconference (monitored)		Non-Contact: <input type="checkbox"/> Audio Cassette <input type="checkbox"/> Video Tape <input type="checkbox"/> Correspondence/Text Book <input type="checkbox"/> Computer Diskette <input type="checkbox"/> Internet <input type="checkbox"/> Other:	
License Type(s): (check one or more) <input type="checkbox"/> Fire and Casualty <input type="checkbox"/> Personal Lines <input checked="" type="checkbox"/> Life <input type="checkbox"/> Bail			
Number of continuing education course credit hours requested? (Note: partial hours will not be accepted.)			1.0 or 3.0
Number of times to be given during approval period? 15		Include on Department's list of courses open to public? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this course part of a designation program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, which program?			
For Department use only:			
____ Course approved ____ Course not approved.			
By: _____			
Education Section Staff Signature		Date	

*Advertising and course materials must use this exact title. Courses based on another provider's material must be approved by that provider and must use same name.

REQUIRED ATTACHMENT CHECKLIST:

A. For Contact Courses:

1. ___ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. X A detailed outline of approximately one page per hour of instruction including the time each topic is being presented.
3. ___ A copy of all materials presented to each student if a detailed outline is not submitted with application.
4. N/A An agenda showing the beginning and ending times, breaks, and time allotted for exams, if applicable.
5. ___ A completed Class Presentation Schedule form for each presentation.
6. ___ A current authorization letter from the author or publisher if using another vendor's source material as the basis for the course.
7. ___ California preclicensing curriculum and educational objectives with every line page-referenced to the source book(s) used. **(For Preclicensing Courses Only)**

B. For Non-Contact Courses:

1. ___ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. ___ Audio cassette, video tape, computer diskette, text book for the course or copy of the text cover, copyright page and table of contents if using another vendor's pre-approved material/book
3. ___ Internet courses must include your Internet address, security measures, log-on and password for our review of course(s). Answers to exam questions must reference section and screen for answer source.
4. ___ A final examination with the questions scrambled (not in chapter order).
5. ___ Answers to all exam questions with page and paragraph referencing to the source book(s) used.
6. ___ A current authorization letter from the author or publisher if using another vendor's source material.
7. ___ Copy of instruction sheet sent to students.

CERTIFICATION:

I certify under penalty of perjury that I have read and understand the information and requirements contained in this application, that all statements are true and nothing has been withheld which would influence a complete evaluation of this course.

Original Signature of **Provider Director**

Date

Kay A. Nauta

Printed Name of Provider Director

PLEASE SEND THIS COMPLETED APPLICATION ALONG WITH THE PROPER ATTACHMENTS AND FILING FEE TO:

NAIFA-California 1451 River Park Drive Suite 175, Sacramento, CA 95815-4520
NAIFA-California is responsible for signing & forwarding to the
CALIFORNIA DEPARTMENT OF INSURANCE
PRODUCER LICENSING BUREAU - EDUCATION SECTION 320 CAPITOL MALL

Filing fees:

\$32 per Continuing Education Course

\$64 per Preclicensing Education Course

Make check payable to: California Department of Insurance

Course applications must be received in this office at least 30 days prior to the first course presentation date. Course advertisements for pending courses must clearly state that the course has been submitted and is pending approval, if the course application is complete and submitted within the appropriate time frame.

CDI EDUCATION SECTION INQUIRIES: (916) 492-3064