

ARKANSAS INSURANCE DEPARTMENT
Appendix A-1
Producer and Title Agent Continuing Education Course Approval Form

(print in ink or type)

Provider Name _____	Provider #: _____
Contact Person: _____	Contact Phone #: _____
Contact Fax #:	
Contact e-mail Address:	
Course	
Title	
Will this course open to the public: Yes No	

Course Type: (Select One)

Self Study (complete formula on appendix B)	Class Room (attach a timed outline of the class presentation)
Correspondence	Seminar
Teleconference	
Video/Audio/CD/DVD	Distance Learning _____
Special note: Hours awarded for self study course will be based on the formula on Appendix B. All self study courses must have a proctored exam.	

Course Field of Study (select only one)

Topic:	Hours Requested	Hours Approved
<input type="checkbox"/> Accident/Sickness/Health		
<input type="checkbox"/> Property/Casualty		
<input type="checkbox"/> Life		
<input type="checkbox"/> Personal Lines		
<input type="checkbox"/> Ethics		
<input type="checkbox"/> Annuities		
<input type="checkbox"/> Variable Products		
<input type="checkbox"/> Flood		
<input type="checkbox"/> Workers Compensation		
Property (only)		
Casualty (only)		
<input type="checkbox"/> Title		
<input type="checkbox"/> Title Ethics		

Signature of Provider Representative

Date: _____ Provider Representative's Phone Number : _____

Department Use Only: _____	_____
Approved by: _____	
Date: _____	
Declined by: _____	
Date: _____	
Course Number Assigned _____	

ARKANSAS INSURANCE DEPARTMENT
Appendix A-2
Adjuster Continuing Education Course Approval Form

(print in ink or type)

Provider Name _____ Provider #: _____

Contact Person: _____ Contact Phone # _____

Contact Fax #: _____ Contact e-mail Address: _____

Course
Title

Will this course open to the public: Yes No

Course Type: (Select One)

Self Study (complete formula on appendix B) presentation	Class Room (attach a timed outline of the class)
Correspondence	Seminar
Teleconference	
Video/Audio/CD/DVD _____	Distance Learning _____

Special note: Hours awarded for self study course will be based on the formula on Appendix B. All self study courses must have a proctored exam.

Course Field of Study (select only one)

Topic:	Hours Requested	Hours Approved
<input type="checkbox"/> Property/Casualty		
<input type="checkbox"/> Ethics		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Property (only)		
<input type="checkbox"/> Casualty (only)		

Signature of Provider Representative

Date: _____

Provider Representative's Phone Number _____

Department Use Only:

Approved by: _____ Date: _____

Declined by: _____

Date: _____

Course Number Assigned _____

ARKANSAS INSURANCE DEPARTMENT
Appendix A-3
Annuity Suitability Training Course Approval Form

(print in ink or type)

Provider Name _____	Provider #: _____
Contact Person: _____	Contact Phone # _____
Contact Fax #: _____	
Contact e-mail Address: _____	
Course Title _____	
Will this course be open to the public: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Course Type: (Select One) _____	
Self Study (complete formula on appendix B) presentation _____	Class Room (attach a timed outline of the class) _____
Correspondence _____	Seminar _____
Teleconference - Video/Audio/CD/DVD _____	Distance Learning _____
Special note: Hours awarded for self study course will be based on the formula on Appendix B. All self study courses must have a proctored exam.	

Signature of Provider Representative _____
Date: _____

Provider Representative's Phone Number _____

Department Use Only: Approved by: _____ Date: _____ _____
Declined by: _____ Date: _____
Course Number Assigned _____