

The State of Maine would like to announce our updated Maine State Specific Course Approval form. This form is for **Maine resident CE Providers and Providers that are requesting Maine as the course home state**. A substantive review will be conducted.

Reciprocal courses will continue to be submitted on the NAIC Uniform Continuing Education Reciprocity Course Filing Form.

The Maine State Specific Course Approval form can be found on our website at:

[CE Provider | PFR Insurance \(maine.gov\)](#)



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE**

MAINE STATE SPECIFIC COURSE APPROVAL FORM

Please complete one application for each program.

Enclose \$20 for each course submitted and \$100 if applying for Provider approval (initial).

Provider Name: _____ **Provider #:** _____

Course Title: _____

Is this Course: NEW [] RESUBMISSION [] **COURSE#:** _____ **Course Date:** _____

METHOD OF INSTRUCTION: (only check one)

Self-Study (non-contact)	Classroom (contact)
[] Correspondence	[] Seminar/Workshop
[] On-Line Training (Self –Study)	[] Webinar
[] Recorded Media	[] Other
[] Other	
Word Count:	

Measurement of successful completion: Attendance Final Exam Other _____

If Final Exam is required, is the Exam Proctored? Yes No

National Designation? Yes No

If yes, Designation Type: _____

Difficulty (Check): Basic Intermediate Advanced

COURSE CONCENTRATION: Note: No credits awarded for sales/marketing courses

Insurance Topics:	Hours Requested	Hours Approved
Ethics		
General Insurance Principles (All Lines)		
Insurance-related Laws		
Life/Health		
Property/Casualty/Personal Lines		
Other (LTC, Viatical, Annuities, Annuities - Best Interest, etc.)		
Total Hours Approved by the Maine Bureau Insurance:		

Each application submission must include course description, outlines, tests, promotional brochures, and other materials in describing the type of course checked above.

Bureau use only

Course #:	Approval Date:
Disapproval Date:	Signed:

The Provider **must** maintain a permanent record of Continuing Education Certification Form and furnish a completed copy directly to the student within 30 days. The electronic roster **must** be submitted to the state within **30 days** of course completion. <https://www.maine.gov/pfr/insurance/licensees/individuals-business-entities/ce-provider>

NOTICE:

The Bureau of Insurance will retain scanned copies of submissions/materials that have been reviewed for approval/disapproval.

Application for Program Credit: Please complete all the information

Course Title: _____

Instructor Name (s) Required: _____

NOTE: Designations and Qualifications (Attach Continuing Education Speaker/Instructor Qualification Form)

Provider Name: _____ FEIN #: _____

Contact Name: _____

Address: _____

E-Mail Address: _____ Telephone #: (____) _____

DO NOT WRITE BELOW THIS LINE

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The Continuing Education Advisory Committee has reviewed this application and its supporting documentation and recommends, by majority opinion, the following action:

_____ This course be **approved** and receive _____ **hours** of credit.

_____ This course be **disapproved**

Comments: _____

Reviewed on behalf of C.E.A.C. by _____ Date: _____

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475 TTY: Please Call Maine Relay 711 Consumer Assistance: 1-800-300-5000 Fax: (207) 624-8599