

Organization Name: _____

SELF-ACCREDITED COURSE PROVIDER APPLICATION FORM

To apply for Self Accredited Course Provider Status, the Alberta Accreditation Committee requires the following questions to be answered so that they may consider your request:

1. Is there any insurance company or insurance intermediary involvement in your organization? If so, explain.

2. How are the courses, which you expect to be accrediting, insurance related?

3. Does your organization have trained education staff dedicated to course offerings?

4. Does your organization offer insurance designation courses? If so, explain.

In addition to the above the Accreditation Committee also requires: (please attach)

1. A historical summary of your organization.
2. A copy of the code of ethics for your organization.

We hereby, apply for Accredited Course Provider status. If approved we agree to:

1. Operate within the Accreditation Guidelines developed by the Accreditation Committee for Self-Accredited course providers.
2. Ensure that the course(s) material being accredited falls within the class of insurance the course(s) is being accredited for.
3. Maintain a record of attendance/completion for four certificate terms after the term it was earned for audit verification if required.
4. Ensure that the certificates(s) of attendance are factual and accurate.
5. Appoint a Continuing Education Liaison with the Alberta Accreditation Committee.
6. Submit a processing fee of \$250.00.

In addition, the Accreditation Committee, working directly with the AIC, reserves the right to monitor the content and delivery of course material.

The Alberta Accreditation Committee may further develop or change guidelines. These changes will be posted on the AIC website.

We further agree that, if at any time, the Accreditation Committee should determine that we have not complied with our undertaking as contained in the self-accredited guidelines and this agreement, the Accreditation Committee may withdraw our Accredited Course Provider status and make it a requirement that the potential courses be approved by the Accreditation Committee.

Organization Name

Address

Continuing Education Liaison *(Please print)*

Telephone

Liaison (Signature)

Fax

E-Mail

Officer/Director of Company *(Please print)*

Title

Officer/Director (Signature)

Telephone

Date signed