

**Alberta
Accreditation
Committee**

AIC ID #: _____
(assigned once reviewed by Committee)

REQUEST FOR COURSE ACCREDITATION

****All questions must be answered for request to be considered****

Name of course/seminar: _____
(Indicate name as it will appear on certificates and printed material)

Name of Instructor(s): _____
(All instructors names must be listed, attach list if space not sufficient. If instructor previously accredited, name and identify as "on file")

Name of course provider: _____

Contact Person at course provider: _____

Address of provider: _____
(Accreditation letter will be sent to this address) Street City Province/State Postal Code/Zip Code

Phone number: _____ Fax Number: _____ E-mail Address: _____

Start date of course: _____ End date of course: _____
(Completed requests must be received with payment within 60 days of start date. If course will be offered repeatedly, note start date as first date of offering and end date as ongoing)

Method of delivery: _____ Location of course: _____
(Seminar, In-class, On-line, etc.) (City)

Target Audience: _____
(Which type of professional is this presentation directed towards)

Is this presentation devoted to personal growth or promotion of a product, service or company?
Yes _____ No _____

Number of hours requested per class of insurance
(Indicate number of hours beside the class of insurance requested)

Life _____ Accident and Sickness _____ General _____ Adjusters _____

Course time outline: Start _____ End _____ Duration of lunch _____
(Give example start/end time)

Number of breaks/per day _____ Duration of breaks _____ Number of days in course _____

How will course attendance / course completion be verified by course provider? _____
(refer to guidelines)

Within what timeline will certificates be given to attendees? _____
(maximum 90 days)

In addition to the above noted information, the Accreditation Committee also requires:

1. Detailed syllabus or course material outline (if using slides, print multiple on a page).
2. Instructor Biography (if instructor has been previously accredited, name and note as "on file").
3. This request will not be considered unless five collated copies of all information (including this form), a non-refundable processing fee of \$100.00 per course application payable to the Alberta Insurance Council is received.
4. Written confirmation that the Committee approved uniform certificate of completion will be used (attach sample).
5. Certificate to be given to attendees within a maximum of 90 days.

Methods of payment: Cheque, Cash, Visa, Mastercard (you will be contacted for credit card payment if a cheque is not received with your application)

By completing this application, I acknowledge that I have read the current guidelines and am prepared to abide by all conditions placed on me by the Accreditation Committee.

Submit to: 600, 10104 – 103 Avenue, Edmonton, AB T5J 0H8

Date: _____

Submitted by (signature): _____
(Requests will not be processed until signed)