

# Single Course Accreditation application form



## Contact information

Name of course provider: \_\_\_\_\_

Contact person at course provider: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Course information

Name of course: \_\_\_\_\_

Start date of course (mm/dd/yyyy): \_\_\_\_\_

End date of course (mm/dd/yyyy) (maximum three years): \_\_\_\_\_

### Method of course delivery

☐ Instructor-led in-person training

☐ Virtual instructor-led training

☐ Self-paced online learning

### Attendance verified by (check all that apply):

☐ Sign-in & sign-out sheets

☐ Electronic attendance tracking

☐ Successful completion of assessment

## Target audience

Indicate group of professionals this presentation/course is directed towards:

\_\_\_\_\_

Is this a renewal? ☐ Yes ☐ No

If yes, please provide previous assigned course ID #: \_\_\_\_\_

## Hours requested

Indicate the number of hours requested per class of insurance:

Life Insurance: \_\_\_\_\_

General (Property & Casualty): \_\_\_\_\_

Accident and Sickness Insurance: \_\_\_\_\_

Adjusters: \_\_\_\_\_

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## Course time

Indicate example of course start/end time; applies only for in-person and/or live webinar delivery.

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Number of days in course: \_\_\_\_\_

## Course content

Please provide a description of how the course content relates to the class(es) of insurance being requested (maximum of 500 words):

## Acknowledgement

- ☐ I acknowledge that I have read the Alberta Insurance Council's Single Course Accreditation Guidelines and my application is true and correct to the best of my abilities.
- ☐ I have attached a sample CE certificate, course outline (if available), and provided a sample of course content (maximum 10 pages).
- ☐ I acknowledge that the Alberta Insurance Council reserves the right to monitor, review, and audit course materials.
- ☐ I have included the non-refundable fee of \$100 payable to the Alberta Insurance Council via cheque, VISA/Mastercard, Money on Account.

Submitted by (electronic signature or typed full name is acceptable):

Date of submission (mm/dd/yyyy): \_\_\_\_\_