

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):

(Type full name)

Date of submission (mm/dd/yyyy): _____