Single Course Accreditation application form

Alberta Insurance Council

Contact information

Name of course provider: _____

Contact person at course provider: _____

Phone number: _____

Email address: _____

Course information

Name of course: _____

Start date of accreditation period/duration (mm/dd/yyyy): _____

Accreditation duration request: ☐ One year ☐ Two years ☐ Three years

End date of accreditation period/duration (mm/dd/yyyy): _____

Method of course delivery

☐ In-person instructor-led 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:

_____

Has this course been previously accredited? ☐ Yes ☐ No

If yes, provide previously assigned course ID #: _____

Hours requested

Indicate the number of hours requested per class of insurance:

Life Insurance: _____ Accident and Sickness Insurance: _____

Adjuster Insurance: _____ General Insurance (Property & Casualty): _____

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: _____

Accreditation category

Select the accreditation category that best aligns with the course content. If the outlined categories do not best represent the course content, select "Other" and provide a comment accordingly.

Life Insurance:

☐ Insurance & related products ☐ Financial planning

☐ Compliance & legislation ☐ Ethics & professional conduct

☐ Agency & management ☐ Other: _____

Accident & Sickness Insurance:

☐ Compliance & legislation ☐ Insurance & related products & financial planning

☐ Ethics & professional conduct ☐ Agency & management

☐ Other: _____

General Insurance:

☐ Ethics & professional conduct ☐ Insurance products & technical knowledge

☐ Compliance, regulatory, & legal requirements

☐ Agency & business/customer management

☐ Other: _____

Adjuster Insurance:

☐ Ethics & professional conduct ☐ Insurance products & technical knowledge

☐ Compliance, regulatory, & legal requirements

☐ Agency & business/customer management

☐ Other: _____

Course content

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

Method of payment

☐ Credit card ☐ Money on Account ☐ Cheque/money order/bank draft

Acknowledgement

☐ I acknowledge that I have read the Alberta Insurance Council's Single Course Accreditation Framework 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): _____