

Tennessee Department of Commerce and Insurance

Continuing Education – Prelicensing

COURSE APPROVAL APPLICATION

There is no fee for course approval. Email completed course application and required documentation to: ce_providers@pearson.com.

PROVIDER NAME	PROVIDER NUMBER
ADDRESS	
CONTACT NAME	PHONE
EMAIL ADDRESS	

COURSE TITLE	CREDIT HOURS REQUESTED <i>(Submit ONLY whole hours. Partial hours are prohibited.)</i>
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Type of Course: ☐ Pre-licensing ☐ Continuing Education

Authority Lines Requested *(Choose **ONLY** one):* ☐ Life/Health/Accident/Variable ☐ Property/Casualty ☐ Suitability in Annuity

☐ General ☐ TN Long-Term Care Partnership ☐ Ethics ☐ Annuity Suitability-Best Interest

☐ Property (PL only – 20 hrs max) ☐ Accident & Health (PL only – 20 hrs max) ☐ Life (PL only – 20 hrs max)

☐ Personal Lines (PL only – 20 hrs max) ☐ Public Adjuster (General) ☐ Casualty (PL only – 20 hrs max)

Is this course open to the public? ☐ Yes ☐ No

Method of Instruction: ☐ Classroom ☐ Self-Study (Word Count: _____) ☐ Seminar ☐ Web-based

☐ Other: _____

Method of Completion: ☐ Classroom Exam ☐ Final Exam/Self Study ☐ Attendance

☐ Other: _____

Names and signatures of instructors authorized to sign Certificates of Completion:

NAME (TYPED/PRINTED)	SIGNATURE
NAME (TYPED/PRINTED)	SIGNATURE

Application for Credit: Credit will be granted in accordance with state regulations and review by the Department of Insurance. The provider agrees to maintain a record for not less than four (4) years in Tennessee for persons attending each course. Provider will provide a Certificate of Attendance/Completion with hours earned to successful students. The Certificate must comply with the regulations of the Department of Insurance.

Course Approval Attachments: The following items must be part of the completed course approval application.
Please attach to this form. DO NOT DOUBLE-SIDE.

1. Course description	5. Additional materials that may be submitted in considering the course approval: a) Promotional materials b) Policies and/or forms	6. Include exam and answer key for self-study course.
2. Continuing education objectives		7. Webinar Procedures
3. Course timed outline or table of contents		
4. Instructor biographical statement with name and signature		

Submitted by

NAME (TYPED/PRINTED)	DATE
SIGNATURE	
TITLE	

OFFICE USE ONLY

☐ Course Approved for _____ hours ☐ Not Approved REASON: _____

COURSE NUMBER _____ ☐ Life/Acc/Health/Variable ☐ General ☐ TN Long Term Care Partnership

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