

VIRGINIA INSURANCE CONTINUING EDUCATION BOARD FEE WORKSHEET

Provider Number: _____

Provider Name: _____

This form is for your convenience in preparing submissions. It is not required.

Provider Registration (submit only with your first submission)

No fee

<u>COURSE FEES</u>	<u>NUMBER</u>	<u>SUBTOTAL</u>
Single-Session Course Approval	_____ @ \$35	\$ _____
Sponsor-Developed Course Approval	_____ @ \$60	\$ _____
Published Course Approval	_____ @ \$60	\$ _____
Application to Present Published Course Approval	_____ @ \$35	\$ _____
Expedited Course Review	_____ @ \$50	\$ _____
<u>INSTRUCTOR FEES</u>		
Instructor Approval	_____ @ \$25	\$ _____
Expedited Instructor Approval	_____ @ \$50	\$ _____
	TOTAL	\$ _____