



STATE OF RHODE ISLAND

Department of Business Regulation

INSURANCE DIVISION

1511 Pontiac Avenue, Bldg. 69-2

Cranston RI 02920

Telephone No. (401) 462-9520

www.dbr.ri.gov

FAX No. 462-9602

CONTINUING EDUCATION COURSE SUBMISSION INSTRUCTIONS FOR RHODE ISLAND RESIDENT PROVIDERS AND NON-RECIPROCAL HOME STATE COURSE APPLICATIONS (MA & FL)

In order to obtain Rhode Island Home State course approval (RI providers and course approvals from a home state of MA or FL) providers should submit the following via their SBS provider account:

- ❑ Login to provider account →
<https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?state=RI>
- ❑ Required attachments for each course: completed Rhode Island Home State Application, course description, outline, agenda/schedule, learning materials, and the examination (if applicable).
- ❑ FEES: The fee is \$60 for each course submitted. Payment will be made at the time of submission online using credit card.
- ❑ There is an additional course review fee of \$75 for courses submitted by a provider with a non-reciprocal business state (MA and FL).
- ❑ **Note:** For courses that include ethics, providers should be specific with regard to the number of credits that are being requested for ethics. One continuing education credit is equivalent to fifty minutes. The “PROGRAM TYPE” and “COURSE TITLE” should be checked “**Property & Casualty AND Ethics.**”

***** Courses submitted without the above requirements will be rejected *****

NEW IN 2018

****If you are requesting that a course be certified for Long Term Care or Annuity Suitability compliance training, you can now choose the applicable Course Group at the time of application right in SBS.****

References:

[Insurance Bulletin 2011-2](#) - Annuity and Long Term Care Producer Training

[RIGL 27-34.2-21](#)- Long Term Care one-time 8 hour LTC care course required prior to sale of LTC policy and 4 hour LTC ongoing biennial training requirement

[RI Administrative Code 230-RICR-20-25-1](#) – Annuity Suitability



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**RHODE ISLAND HOME STATE APPLICATION FOR
CONTINUING EDUCATION COURSE APPROVAL**

Rhode Island CE Provider No.: _____

Name of Sponsoring Organization/CE Provider: _____

Select the applicable program type and provide course title:

- Life & Accident, Health or Sickness _____
- Property & Casualty _____
- Ethics _____
- Property & Casualty **AND** Ethics _____
- Life & Accident, Health or Sickness **AND** Ethics _____

If this course was previously approved in RI, provide the following:

Course number: _____

Course Expiration Date: _____

COURSE TYPE (please check)

- Online/Correspondence
- Self-Study/Text Book Instruction
- Classroom Video/Audio/CD/DVD
- Computer Based Training (Classroom)
- Workshop/Seminar
- Computer Based Training (Not in Classroom)
- Other (*Please explain*): _____
- Correspondence towards Professional Designation (i.e. CPCU, CLU, etc.)

Instructor Name and Designations/Qualifications:

MODE/METHOD OF INSTRUCTION and ACTUAL HOURS

- At Home _____
- Classroom Participation _____
- Correspondence _____
- Lecture Only _____
- Online Learning _____
- Panel Discussion _____
- Self-study with monitored examination _____
- Speech Seminar _____
- Other (*please explain*) _____

MEASUREMENT OF SUCCESSFUL COMPLETION

Supervised Exam? Yes No

If yes, who grades the exam? Instructor Student

Monitored Attendance? Yes No

Other (*please explain*): _____

Application submitted by:

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

DATE: _____