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 →

- 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 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-R1CR-20-25-1 – Annuity Suitability
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: ___________________________