

**SELF-ACCREDITED COURSE PROVIDER APPLICATION FORM**

**\*\*To apply for Self Accredited Course Provider Status the following questions must be fully completed for the application to be considered\*\***

**Please complete the following as acknowledgement that you have visited the website, reviewed the current Guidelines and the application meets all of the requirements:**

- 1. The **Application Form** is **complete** and all questions have been fully answered.
- 2. The submission contains a sample **CE Certificate** compliant with the Course Guidelines (including CIPR#).
- 3. The submission is a **combined single PDF document** (Hard copies of the application will not be accepted)
- 4. The submission is **not scanned**. PDF document is created from original files so that **all content is searchable**.
- 5. All font sizes (including attachments) are **11 or higher**. *(If there is not sufficient space for your response, please provide details in an attachment.)*
- 6. \$250 non-refundable fee payment method                      Cheque:                       Visa/MasterCard:   
**If payment is by credit card, you will be contacted by email with instructions for making the payment**

**Organization Name:**

1. Is there any insurance company or insurance intermediary involvement in your organization? If so, explain.

2. How are the courses, which you expect to be accrediting, insurance related?  
List five (5) insurance related courses your organization offers:

3. Does your organization have processes in place for regular evaluations of the course content of courses offered so as to ensure they meet current industry standards and needs? Detail what the processes are.

4. Does your organization have processes in place for verifying instructor qualifications and monitoring their continued effectiveness in the delivery of the material? Please describe how you do that.

5. Are ALL instructors trained/qualified for the courses they are offering? (Instructors must have at least 24 months of experience relevant to the presentation.)

6. Does your organization offer insurance designation courses? If so, explain.

In addition to the above information, the Accreditation Committee also requires: (please attach)

1. A **historical summary** of your organization.
2. A copy of the **code of ethics** for your organization.

We hereby apply for Accredited Course Provider status. If approved, we agree to:

1. Operate within the Accreditation Guidelines developed by the Alberta Accreditation Committee for Single and Self-Accredited course providers
2. Ensure that the course(s) material being accredited falls within the class of insurance the course(s) is being accredited for
3. Maintain a record of attendance/completion for four certificate terms after the term it was earned for verification if required
4. Ensure that the certificates(s) of attendance are factual and accurate
5. Appoint a Continuing Education Liaison with the Alberta Accreditation Committee.
6. Submit a non-refundable processing fee of \$250.00 along with the application by Visa or MasterCard or Cheque (made payable to the Alberta Insurance Council).

The Alberta Accreditation Committee reserves the right to monitor the content and delivery of course material.

We further agree that, if at any time, the Alberta Accreditation Committee should determine that we have not complied with our undertaking as contained in the self-accredited guidelines and this agreement, the Alberta Accreditation Committee may withdraw our Accredited Course Provider status (in accordance with Section 29 (2.3) of the Regulation) and make it a requirement that the potential courses be submitted to and approved as single course submission(s) by the Alberta Accreditation Committee, with the associated fee.

**SELF-ACCREDITED COURSE PROVIDER INFORMATION**

<b>Organization Name:</b>		
<b>Organization Address:</b>		
<b>Continuing Education Liaison (please print)</b>		<b>Phone</b>
<b>Liaison (Signature)</b>		<b>Email</b>
<b>Officer/Director of Company (please print)</b>		<b>Title</b>
<b>Officer/Director (Signature)</b>		<b>Phone</b>
<b>Date Signed:</b>		