

**REQUEST FOR COURSE ACCREDITATION**

**All questions must be answered for the request to be considered**

Please complete the following as acknowledgement that you have visited the [Alberta Accreditation Committee website](#), reviewed the current instructions and the submission meets all of the requirements:

1. The Request Form is **fully completed**; all questions have been answered.
2. The submission contains a sample **CE Certificate** compliant with the Course Guidelines (including licensee's CIPR#).
3. The submission contains a **detailed course outline/syllabus** that also includes the **purpose of the course**.
4. The submission is a **combined single PDF document** (*Required Order:* Request Form, CE Certificate, Outline, Word, PowerPoint, etc.).
5. The submission is **not scanned**. PDF document is created from original files so that **all content is searchable**.
6. The document does not exceed **100 pages**.
7. The file size does not exceed **10 MB**.
8. All font sizes (including copies of slides etc.) are **11 or higher**. All content must be readable.
9. \$100 non-refundable fee payment method      Cheque:                      Visa/MasterCard:                      Money on account  
**If payment is by credit card, you will be contacted by e-mail with payment instructions when the course is processed.**

**Name of Course/Seminar:** \_\_\_\_\_  
(Must reflect course content)

**Name of Course Provider:** \_\_\_\_\_

**Contact person at Course Provider:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Start date of course:** \_\_\_\_\_ **End date of course:** \_\_\_\_\_  
(Maximum three (3) years)

**Method of Delivery:**     In-Person  
(Check all that apply)  
     Webinar  
     Online/Self-Study

**Target Audience** (Which group of professionals is this presentation directed towards?): \_\_\_\_\_

**Based on the content, is this presentation relating to a new product?**    Yes    No   

**Number of hours requested per Alberta class of insurance:** (Indicate below the number of hours)

**Life** \_\_\_\_\_ **Accident and Sickness** \_\_\_\_\_ **General (P&C)** \_\_\_\_\_ **Adjusters** \_\_\_\_\_

**Course time:** (Give example of start/end time)    **Start time:** \_\_\_\_\_ **End time:** \_\_\_\_\_

**Duration of lunch:** \_\_\_\_\_

**Number breaks per day:** \_\_\_\_\_ **Duration of breaks:** \_\_\_\_\_ **Number of days in course:** \_\_\_\_\_

**How will course attendance/completion be verified by course provider?**  
(per [guidelines](#)) \_\_\_\_\_

**Within what timeline will certificates be issued to participants:** \_\_\_\_\_

By completing this application, I acknowledge that I **have read the current guidelines** and **am prepared to abide by all conditions** placed on me by the Alberta Accreditation Committee.

Once the course has been approved, please ensure that all **certificates issued** in relation to this course are provided using the **Course Name** and the **Alberta Accreditation Committee Course ID#** that appears on the [AAC website](#).

**Submit Request by email to:** [accreditation@abcouncil.ab.ca](mailto:accreditation@abcouncil.ab.ca)

**Date** \_\_\_\_\_

**Submitted by (name)** (Signature or typed names are acceptable) \_\_\_\_\_