



# REQUEST FOR COURSE ACCREDITATION

AIC ID #: \_\_\_\_\_

Name of course/seminar: \_\_\_\_\_  
(Indicate name as it will appear on certificates and printed material)

Name of Instructor(s): \_\_\_\_\_  
(All instructors names must be listed, attach list if space not sufficient. If instructor previously accredited identify as "on file")

Name of course provider: \_\_\_\_\_  
(School)

Contact Person at course provider: \_\_\_\_\_

Address of provider: \_\_\_\_\_  
(Accreditation letter will be sent to this address) Street City Province/State Postal Code/Zip Code

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you requesting retroactive credits? \_\_\_\_\_  
(requests must be received within 60 days of start date)

Start date of course: \_\_\_\_\_ End date of course: \_\_\_\_\_  
(If course will be offered over and over, note as ongoing)

Method of delivery: \_\_\_\_\_ Location of course: \_\_\_\_\_  
(Seminar, In-class, On-line etc.) (City)

Number of hours requested: \_\_\_\_\_

Is this presentation devoted to personal growth or promotion of a product, service or company?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Class of insurance credits requested:

Life \_\_\_\_\_ Accident and Sickness \_\_\_\_\_ General \_\_\_\_\_ Adjusters \_\_\_\_\_

Course time outline: Start \_\_\_\_\_ End \_\_\_\_\_ Duration of lunch \_\_\_\_\_  
(If course is ongoing, give example start/end time)

Number of breaks \_\_\_\_\_ Duration of breaks \_\_\_\_\_ Number of days in course \_\_\_\_\_

How will course attendance be verified by course provider? \_\_\_\_\_  
(refer to guidelines)

Within what timeline will certificates be given to attendees? \_\_\_\_\_  
(maximum 90 days)

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

In addition to the above noted information, the Accreditation Committee also requires:

1. Detailed syllabus or course material outline (if using slides, multiple on a page).
2. Instructor Biography (if instructor has been previously accredited note as "on file").
3. This request will not be considered unless five collated copies of all information (including this form), a non-refundable processing fee of \$100.00 per course application payable to the Alberta Insurance Council is received.
4. Written confirmation that the Committee approved uniform certificate of completion will be used (attach sample).

Acceptable methods of payment: **Cheque, Visa, Mastercard, Cash**

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 Accreditation Committee.

Submit to: **901 TD Tower, 10088 – 102 Avenue, Edmonton, AB T5J 2Z1**

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**Request will not be processed unless signed**

**Revised January 1, 2010**