



CE ORGANIZATION APPROVAL APPLICATION

- CPDM Certified Professional in Disability Management
- CPWC Certified Practitioner in Workers' Compensation
- CCMP Certified Case Management Professional

Requests by organizations seeking pre-approval of continuing education opportunities must be postmarked 30 days preceding the date of the program. Programs submitted with less than 30 days notice shall be subject to an expedited fee of \$25.

Organization Information

Organization Offering Program/Activity

Address

City/State/ZIP or Postal Code

Telephone Number

Fax Number

Contact Person

E-Mail Address

Program Information

Program Title

Location

Dates of Program

Names and Professional Designations of Presenters

Actual Number of Clock Hours of Training (excluding breaks) _____ Hours

Length of Training in Days (Circle One): 1 Day 2 Days 3 to 3+ Days

Number of Participants Expected (Circle One): 1-10 11-25 26-49 50+

Type of Instruction (check one): ___ Multi-day conference ___ Self Study
___ Internet ___ Seminar/Workshop ___ College/University Course

Documentation to be Attached

- One copy of promotional material such as direct mail flyer or marketing brochure.
- An outline or agenda, if not contained with the promotional material, to include a breakdown of clock hours.
- A copy of the evaluation form to be given to participants
- A check made payable to **IEA**.

* Fee Schedule:

Number of Attendees	One Day	Two Days	Three Days
1-10	\$100	\$200	\$300
11-25	\$150	\$250	\$350
26-49	\$200	\$300	\$400
50+	\$250	\$350	\$450

**effective 8/1/2010*

Note: Attendee submissions for CE hours in excess of the projected and paid for number may result in additional charge up to the actual attendees.

Payment Information

CHECKS: Checks must be made payable to IEA and returned with the application form and required fee. A service fee of \$25 will be assessed for all checks returned for or for charges made to closed accounts. **Mail checks to: Insurance Education Association File 2466, 1801 W. Olympic Blvd, Pasadena, CA 91199-2446**

CREDIT CARD PAYMENT: Complete this section if you wish to charge the fees to your VISA or MasterCard or American Express card.

Charge \$ _____ to my ___ VISA ___ MasterCard ___ AMEX ___ Discover

Card # _____ CVV _____ Expiration Date _____

Expedite Fee Included? YES NO

Signature _____ Date _____

Statement of Understanding

I certify I have completed the application and attached the required documentation. I understand that no program will be reviewed unless accompanied by the required documentation.

I understand that IEA reserves the right to monitor programs for which it has granted continuing education approval and to withdraw such approval from any program that is offered or presented in any manner that is inconsistent with the approval requirements. I also understand that any approval granted for this program is valid for one time use only.

Once approval is granted for CE credit you may display the IEA logo on promotional literature as well as the approved number of CE hours.

Authorized Signature

Date

Printed Name

Title