



North Carolina Department of Insurance

APPLICATION FOR BAIL BOND CE COURSE APPROVAL

INSURANCE DEPARTMENT USE ONLY

Department of Insurance Assigned Provider Number: _____

Department of Insurance Assigned Course Number: _____

Provider Name: _____ Telephone: (____) _____

Address: _____

City, State, Zip: _____

Contact Person: _____ E-Mail Address: _____

Course Title: _____

Initial Course Date: _____ Total Classroom Instruction Minutes: _____

Course Instructor Name(s) _____

(If not currently approved, attach Instructor Approval form (ASD-BB-IA) with attachments.)

ATTACHMENTS:

1. Cover letter requesting the course be evaluated; who the course is designed for; the course objectives; names and duties of all persons who will be affiliated in an official capacity with the course offering and the provider's refund policy
2. Content outline with instructional hours assigned to major topics (include beginning, ending and break times)
4. Instructor Approval Form (if not previously approved)
5. Course material (including handouts and/or textbook)
6. Copy of advertisement(s)
7. Copy of course completion certificate

NO FEES REQUIRED

Mail to: NC Dept of Insurance, Agent Services Division, 1204 mail Service Center, Raleigh, NC 27699-1204

COURSE APPROVAL AND ASSIGNMENT OF CREDIT HOURS WILL BE GRANTED IN ACCORDANCE WITH STATE REGULATIONS UPON REVIEW BY THE DEPARTMENT OF INSURANCE.