

# Insurance Educational Association

725 Town and Country Road, Suite 430,  
Orange, CA 92868  
*www.ieatraining.com*  
(P) 800-655-4432 (F) 714-689-0112

## WCCP/CPDM/CCMP CE ORGANIZATION APPROVAL APPLICATION

Organizations seeking pre-approval of continuing education opportunities must be postmarked **thirty (30) days** preceding the date of the program.

### *Organization Information*

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Organization Offering Program/Activity

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Address

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City/State/ZIP or Postal Code

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Telephone Number

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Fax Number

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Contact Person

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E-Mail Address

### *Program Information*

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Program Title

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Location

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Dates of Program

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Names and Professional Designations of Presenters

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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 within 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
<b>1-10</b>	\$100	\$200	\$300
<b>11-25</b>	\$150	\$250	\$350
<b>26-49</b>	\$200	\$300	\$400
<b>50+</b>	\$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.

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### ***Payment Information***

**CHECKS:** Checks must be made payable to IEA and returned with a completed application and required documentation. A service fee of \$25 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts.

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

Charge \$ \_\_\_\_\_ to my    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ AMEX    \_\_\_ Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*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 WCCP CE credit you may display the WCCP logo on promotional literature as well as the approved number of CE hours.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title