

# STATE OF NEBRASKA

## DEPARTMENT OF INSURANCE

**Bruce R. Ramge**

Director



**Dave Heineman**

Governor

### PRELICENSING REQUEST FOR APPROVAL OF TRAINING PROGRAM Pursuant to Nebraska Revised Statutes §44-4005

#### COURSE SPONSOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Course Date

\_\_\_\_\_  
Course Location (Street Address, City, State, Zip)

Method Used to Determine Positive Achievement: An examination passed with a grade of not less than 70%. (Include a copy of the examination)

**NOTE:** The course material and an outline of the course instruction must be attached to this form.

Providers must send a biography for all course instructors to qualify as a prelicensing education instructor.

Number of Education Credits Requested,  
and Classification You Are Requesting.

Signature of Course Sponsor's  
Representative(s) who will sign the Certificate  
of Completion.

\_\_\_\_\_  
Classification  
(Seminar or Self Study)

\_\_\_\_\_  
Hours

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature