

CONTINUING EDUCATION REPORTING FORM



INSTRUCTIONS: This form must be completed in its entirety and notarized at time of renewal. Failure to complete all information for credits claimed by your license expiration date and notarize this form will result in a lapse of your license. Continuing education regulations adopted by the Division of Insurance require that licensees maintain records substantiating the continuing education credit for the renewal of their license. (3 AAC 23.105—.170)

- All continuing education credits must be reported in detail (which includes names of sponsor and complete mailing address) on this form. If additional space is required, you may copy this form. You may claim no more than 8 continuing education credit hours in the general subject area of business organization, management, and environment.
- A random sample of these forms will be audited in compliance with 3 AAC 23.155. If your report is selected for audit, you will be required to provide documentation to the Continuing Education Advisory Committee of the hours claimed.
- At the director's request, the Continuing Education Advisory Committee will review all continuing education credits claimed. The committee may request clarification of any or all claimed credits.

FAILURE TO RESPOND TO COMMITTEE REQUESTS FOR DOCUMENTATION OR CLARIFICATION MAY RESULT IN THE DIRECTOR DENYING CONTINUING EDUCATION CREDITS. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR LICENSE.

Total Continuing Education required: 24

Summary of Total Hours:

- I. Education Programs/Seminars Attended
- II. Correspondence or Self-Study Programs
- III. Speaker, Discussion Leader or Instructor
- IV. Carry Over Credits
- V. Published Books and Articles.....

Total Credits Claimed

I. EDUCATIONAL PROGRAMS/SEMINARS ATTENDED

Name of Sponsor	Mailing Address of Program Sponsor	Location (City/State)	Title of Program/Seminar or Description of Content	Dates of Program	Cert Avail.?	Actual Hours	Credit Hrs. Claimed
					Y		
					N		
					Y		
					N		
					Y		
					N		

II. CORRESPONDENCE OR SELF-STUDY PROGRAMS

Name of Sponsor	Mailing Address of Program Sponsor	Location (City/State)	Title of Program/Seminar or Description of Content	Dates of Program	Cert Avail.?	Actual Hours	Credit Hrs. Claimed
					Y		
					N		
					Y		
					N		
					Y		
					N		

III. SPEAKER, DISCUSSION LEADER OR INSTRUCTOR (Max. 8 CE credit hours)

Name of Sponsor	Mailing Address of Program Sponsor	Location (City/State)	Title of Program/Seminar or Description of Content	Dates of Program	Cert Avail.?	Actual Hours	Credit Hrs. Claimed
					Y		
					N		

IV. CARRY OVER CREDITS

Name of Sponsor	Mailing Address of Program Sponsor	Location (City/State)	Title of Program/Seminar	Dates of Program	Number Credits Claimed Last Renewal	Actual Hours	Credit Claimed

V. PUBLISHED BOOKS AND ARTICLES (As previously approved by director under 3 AAC 23.135)

Name of Publisher	Mailing Address of Publisher	Location (City/State)	Title	Dates of Publication	Cert Avail.?	Credit Hrs. Claimed
					Y	
					N	

Signature of Licensee

Date

NOTARIZATION

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

(NOTARY SEAL)

Notary Public
My Commission Expires: _____