



CONTINUING EDUCATION CERTIFICATION SUMMARY (PRODUCER)

The information you furnish on this form will be used to determine whether you have complied with the continuing education requirements. **If this form is not completed in full, ALL documents will be returned. MAIL THIS FORM** to the Missouri Department of Insurance, Financial Institutions and Professional Registration **with your license renewal.**

INSTRUCTIONS

1. If you are 70 years of age, you are exempt from all continuing education requirements but must pay renewal fee.
2. If you reside in a state (other than Missouri) **that requires continuing education**, please attach an original Certification Letter **(dated within past six months)**. If you are a licensed resident of a state that participates in NAIC SPLD (State Producer Licensing Database), no certification letter is required nor do you need to submit this form.
3. Missouri regulation 20 CSR 700-3.200(8) prohibits a licensee from repeating a continuing education course for credit during the same renewal period.
4. For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of C.E.C. Hours from your Certificate of Course Completion.
5. When you have completed all the requisite hours, sign and date the bottom of this form and **submit with license renewal**. Pursuant to 2007 Legislation, if your producer license expires on or after January 1, 2008, you must complete sixteen hours of continuing education if licensed in **at least** one of the six major lines of authority (Life, Health, Property, Casualty, Variable Contracts, and Personal Lines).
6. **ATTACH THIS FORM TO YOUR LICENSE RENEWAL.**
7. Excess continuing education credits may be carried forward only to the 2-year period immediately following the current renewal period.
8. Instructors may earn the number of continuing education credit hours they instruct (only the first time a course is taught). If credit is earned as instructor, write "Instructor" next to the Course Title.

NAME OF PRODUCER		NATIONAL PRODUCER NUMBER (NPN)/LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE) (REQUIRED)		
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	

LIST OF CONTINUING EDUCATION COURSES				
COURSE PROVIDER	COURSE TITLE	MO. COURSE* NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	CEC HOURS
TOTAL ▶				

CERTIFICATION

I certify that I have taken and completed the courses listed above and have not misrepresented any fact or information contained herein. I will furnish to the Department of Insurance, Financial Institutions and Professional Registration, upon request, evidence of having taken any or all of the courses listed on this report. I understand that I will be subject to a \$1,000 voluntary forfeiture and/or license revocation for failure to provide truthful information on this form.

SIGNATURE OF PRODUCER ▶	DATE
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