



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

**CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION
(EXHIBIT B)**

NOTICE TO PROVIDER:

Providers should retain a list (for each course) containing the following information: 1) Provider; 2) Location; 3) Course Title; 4) MO. Course Number; 5) Date Course Completed; 6) Number of C.E.C. hours earned; 7) Names of Agents/Brokers; 8) Residence Address; and, 9) Social Security Number.

THE PROVIDER SHOULD COMPLETE THE CERTIFICATE OF COURSE COMPLETION. THE STUDENT SHOULD NOT COMPLETE ANY PART OF THE CERTIFICATE OF COURSE COMPLETION.

The provider should retain this information for four (4) years following completion of course.

NOTICE TO AGENT/BROKER:

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE.**

NAME OF AGENT/BROKER		SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)			
COURSE PROVIDER			
COURSE TITLE			
MISSOURI COURSE NUMBER		DATE COURSE COMPLETED	
NUMBER OF C.E.C. HOURS EARNED	LOCATION		
SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE		DATE	
THIS FORM IS FOR AGENT/BROKER RECORD KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION			