



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**NAVIGATOR CONTINUING EDUCATION  
 CERTIFICATION SUMMARY**

P.O. BOX 690  
 JEFFERSON CITY, MO 65102  
 TELEPHONE: (573) 751-3518  
 LICENSING@INSURANCE.MO.GOV

**INSTRUCTIONS**

- For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of Continuing Education Credit Hours from your Navigator Continuing Education Certificate of Course Completion.
- When you have completed all of the required hours, sign and date the bottom of this form and **submit with license renewal**. You will need to complete either:
  - Federally Certified Marketplace Navigator or equivalent (Certified Application Counselor, In-Person Assister, or Health Center Outreach and Enrollment Assistance Worker) plus 3 hours of ethics (20 CSR 400-11.120 (2) (C) and (D)).

**OR**

  - 12 hours of Navigator continuing education, of which 3 hours must be ethics (20 CSR 400-11.120 (2) (A) and (B)).
- ATTACH THIS FORM TO YOUR LICENSE RENEWAL.**

NAME OF NAVIGATOR	MISSOURI LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER

**LIST OF CONTINUING EDUCATION COURSES**

COURSE PROVIDER	COURSE TITLE	MISSOURI COURSE NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	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 Commerce and Insurance upon request, evidence of having taken any or all of the courses listed on this report. I understand that I may be subject to a monetary penalty or license discipline for failure to provide truthful information on this form.

SIGNATURE OF NAVIGATOR ▶	DATE
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