



NAVIGATOR CONTINUING EDUCATION CERTIFICATION SUMMARY

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. 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.
2. When you have completed all of the required hours, sign and date the bottom of this form and **submit with license renewal.** You need to complete 12 hours.
3. **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 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 may be subject to a monetary penalty or license discipline for failure to provide truthful information on this form.

SIGNATURE OF NAVIGATOR ▶	DATE
-----------------------------	------