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MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

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

# CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION (NAVIGATOR)

NOTICE TO PROVIDER: Retain a list (for each course) containing at least 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 Navigators, 8) Residence Address and 9) License Number.

**The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.**

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

**NOTICE TO NAVIGATOR:** Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION.** After you have fulfilled ALL the Continuing Education Credit (C.E.C.) hours, complete the Continuing Education Certification Summary and submit to the MO Dept. of Insurance, Financial Institutions and Professional Registration with your navigator renewal.

| NAME OF NAVIGATOR | LICENSE 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 PRODUCER RECORD**

**KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**