



CONTINUING EDUCATION CREDIT FORM

Statement of Compliance *(for LUTCF/FSS/FSCP)*

(To be submitted to your local Association)

DATE: _____ MEMBER ASSOCIATION _____

 (Surname) (First Name) (Middle Initial)

This serves to certify that Mr./Ms./Mrs. _____

Participated Presented Moderated

at our Company's/Association's: Seminar Convention Congress MDRT

in _____ held on _____ at _____

_____ The contents of this said Training is expected to aid the graduate in improving their _____ skills.

COURSES

Disability Income Insurance	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>
Business Law	<input type="checkbox"/>	Accumulation Planning	<input type="checkbox"/>
Medical Expense Insurance	<input type="checkbox"/>	Financial Planning	<input type="checkbox"/>
Business Ethics	<input type="checkbox"/>	Retirement Planning	<input type="checkbox"/>
Property and Liability Insurance	<input type="checkbox"/>	Client Planning	<input type="checkbox"/>
Economics	<input type="checkbox"/>	Employee Benefit Planning	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	Group Insurance	<input type="checkbox"/>
Financial Institutions	<input type="checkbox"/>	Accounting	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Underwriting	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Taxation	<input type="checkbox"/>	Insurance Company Operations	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	Business Planning	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	Estate Planning	<input type="checkbox"/>
Regulation	<input type="checkbox"/>	Actuarial Science	<input type="checkbox"/>

For Official Use Only

Points obtained _____ Total Points to Date _____

(Please only fill out company information for company events)

Endorsement of Insurance Company/Association: _____

*I certify that the information above is true and correct.
 (Place company stamp here)*

Name of Official

Signature

Course Co-ordinator

Title held

Local Association Approval
 (Place stamp here)

Signature

Title held

Term

N.B. Applicants pay US \$60.00 for CE credits for each reporting period (24 months).