

Commonwealth of Kentucky
Department of Insurance - Licensing Division P. O.
Box 517 - Frankfort, Ky. 40602
502-564-6004 <https://insurance.ky.gov>

APPROVED CONTINUING EDUCATION

CERTIFICATE OF COMPLETION

STUDENT NAME: _____

CONTINUING EDUCATION COURSE IDENTIFICATION

Course Title: _____

Course Certification Number: _____

Course Completion Date: _____ Number of Hours: _____

Provider Name: _____

Provider Certification Number: _____

PROVIDER CERTIFICATION:

I hereby certify that this course was conducted as approved by the Commonwealth of Kentucky Department of Insurance. I further certify that the person whose name appears above did personally complete this course on the date indicated. Also, I acknowledge that fraudulent certification of this document will result in immediate withdrawal of approval of the provider, plus penalties, and simultaneous withdrawal of approval of all providers' courses (KRS 304.9-295 and 806 KAR 9:025).

Name: _____
Authorized Provider Representative

Signature: _____ Date: _____

STUDENT CERTIFICATION:

I hereby certify that I personally completed the course listed above in the manner required to satisfy Kentucky's continuing education laws and regulations. Also, I acknowledge that fraudulent certification of completion of this course will result in cancellation of my licenses (KRS 304.9-295 and 806 KAR 9:025).

Name: _____ DOI#: _____

Signature: _____ Date: _____

The provider is required by law to give the student who successfully completes any continuing education course the original of this form upon completion of the course and to retain a copy in the provider's records for at least five years. For a classroom or self study course, the provider is required to submit and attest that the individual successfully completed the course, through the Department of Insurance secure eServices account, within 30 days of completion. Students must verify that credit has been recorded for this class by visiting our website at: <http://insurance.ky.gov>. If credit does not appear, please send a copy of this document to the Department directly.