



Iowa Insurance Division
1963 Bell Avenue, Suite 100
Des Moines, IA 50315

IOWA Certificate of Completion

National Producer Number: _____ Iowa Course Number: _____

Producer Name: _____

Provider Number: _____

Provider Name: _____

Course Name: _____

Date of Course: _____ Location of Course: _____

Credits Earned: General _____ Ethics _____ Annuity Products: _____
Annuity Products-Best Interest: _____ Indexed Products: _____ Long Term Care: _____
Long Term Care Partnerships: _____ Navigator: _____

Course Method: Classroom _____ Self-Study _____

I certify, as the continuing education provider/instructor, the above listed producer has completed the approved course for the number of credits indicated.

SIGNATURE: COURSE PROVIDER OR INSTRUCTOR

Pursuant to Iowa Administrative Code 191-11.4(1)b, producers must keep this original certificate of completion for four (4) years. This is necessary to show completion of the course in the event course credit was not accurately posted to your record.

The provider is responsible for reporting the completed credits to the Iowa Insurance Division. DO NOT send this certificate, or any photocopy, to the Iowa Insurance Division.