

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 E. College Parkway, Ste. 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Internet Address: doi.nv.gov
E-mail: Nevada.Licensing@doi.nv.gov

CONTINUING EDUCATION COURSE CERTIFICATE OF COMPLETION

*To be completed by Continuing Education Provider
Please type or print legibly.*

Name of Licensee _____ National Producer # _____

Residence Address _____ City _____ State _____ Zip _____

Nevada License Number: _____

Name & Address of Provider: _____

_____ Phone No: _____

Title of Course: _____

Physical Location of Course: _____

Provider Number: _____ **Course Number:** _____ **Hours of Credit:** _____

Course Beginning Date: _____ Course Ending Date: _____

Name of Instructor: _____

Print

I certify that the above named licensee successfully completed the continuing education course listed above and the number of credit hours of instruction indicated were related to the technical aspects of insurance.

Authorized Provider Representative (PRINT) _____ Title _____

Authorized Signature (SIGN IN "COLOR" INK) _____ Date _____

THE CONTINUING EDUCATION PROVIDER MUST PROVIDE THE ORIGINAL SIGNED "CERTIFICATE OF COMPLETION" TO THE LICENSEE. A COMPUTER GENERATED SIGNATURE IS CONSIDERED AN ORIGINAL SIGNATURE. THE LICENSEE MAY VERIFY HIS OR HER CE COMPLIANCE AT WWW.SIRCON.COM/NEVADA. THE PROVIDER MUST ALSO ENTER THE COURSE COMPLETION IN SIRCON. FAILURE BY THE PROVIDER TO ENTER THE COURSE COMPLETION WILL RESULT IN NONCOMPLIANCE FOR THE LICENSEE.