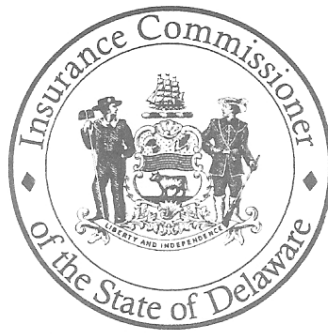


Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

CE-4 CONTINUING EDUCATION COURSE REPORT FORM

COURSE SPONSOR INSTRUCTIONS

Each course sponsor is required to make copies of this form for distribution to each licensee at the completion of the course. After each licensee completes the form, sign the instructor blank (lower left) in ink and return this to the applicant for mailing to the Delaware Insurance Department. All required information must be completed and readable in order to award course credit.

LICENSEE INSTRUCTIONS

Complete all sections of this form accurately. Sign the licensee blank (lower right) in ink. Copy and save the original. Mail the copy to:

**Delaware Insurance Department
Continuing Education
841 Silver Lake Blvd.
Dover DE 19904
(302)674-7390 Fax (302)739-5280**

Delaware License # : _____	
Course # _____ Provider # _____ Completion Date _____	General Credit _____ Ethic Credit _____ LTC Credit _____ Flood Credit _____
Course Title _____	
_____ Licensee - Name	_____ Licensee - Signature
_____ Licensee - Daytime Phone #	_____ Provider - Authorized Signature

PLEASE ANSWER THE FOLLOWING QUESTION

Approved Professional Designations:

CPCU - ChFC - CFP - AAI - CLU - CEBS - FLMI - FSPA - CIC - RHU

Do you hold one of the above designations? Yes No