

# Insurance Educational Association

## CONTINUING EDUCATION REPORTING FORM

*Please check only the designation(s) you hold*

- CCMP     CPWC     ARPM  
 CPDM     CPFI

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred mailing address  home  company \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Workshop, Seminar or Class Completed  
\_\_\_\_\_

Date Completed \_\_\_\_\_ Program Hours \_\_\_\_\_

*(Designation renewal requires 6 hours per calendar year. You can earn a maximum of 12 hours per year, with 6 hours carrying over into the next renewal year)*

Instructor Name or Provider Name \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Mail CE form to:  
IEA  
3611 S. Harbor Blvd.,  
Suite 180  
Santa Ana, CA 92704

Scan and E-mail to:  
CE@ieatraining.com

Fax (714) 689-0167

**NOTE: Please read the following important information regarding submittal of Non-IEA Approved Programs:**

There is a **\$20 per credit hour** (example: 6 ce hours = \$120) charge for submitting a non-IEA approved programs. Please enclose program description and agenda and proof of attendance and a check payable to IEA or credit card authorization.

Visa

\_\_\_\_\_ account number \_\_\_\_\_ CVV

MC

\_\_\_\_\_ Name on Card

AmEx

\_\_\_\_\_ exp. date \_\_\_\_\_ signature

\_\_\_\_\_ Total CE Hours \_\_\_\_\_ Total Amount to be Charged