

Insurance Educational Association

CONTINUING EDUCATION REPORTING FORM

Please check only the designation(s) you hold

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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

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IEA
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