OKLAHOMA INSURANCE DEPARTMENT
Licensing and Education Division

Certificate of Course Completion

Student Information

Licensee's Name:	National Producer Number (NPN):
Street Address:	
City, State & Zip:	

Course Details

Provider Name:			
Course Title:			Course Number:
ADJ General # of hours:	**Annuity Best Interest** # of hours:	**Ethics** # of hours:	**Legislative Update** # of hours:
Long Term Care # of hours:	**PRO General** # of hours:	**Additional/Misc.** # of hours:	**Total CE** # of hours:
Date Course Completed (MM/DD/YYYY):		Location:	
Coordinator's Signature:		Current Date:	

Please verify the information listed above is correct.

NOTICE TO THE STUDENT

Please keep this certificate for your records as some Providers may charge a fee to furnish a duplicate. The Continuing Education (CE) Provider is required to upload credit electronically to your CE transcript within ten (10) business days of course completion. You may monitor your transcript online at www.licensing.oid.ok.gov then click on *CE Transcript – Print/View* (Under Education Tools). If the course does not appear on your transcript within 10 business days, please reach out to the CE Provider.

A course may not be repeated within a 24-month calendar period and receive credit.

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