

Department of Consumer & Business Services Division of Financial Regulation — 3

P.O. Box 14480, Salem, Oregon 97309-0405 350 Winter St. NE, Salem, Oregon 97301-3883 Phone: 503-947-7981 Fax: 503-378-4351

Email: web.insagent@dcbs.oregon.gov http://dfr.oregon.gov

Continuing Education Credit Request for an Unregistered Course

Submit complete form via email to web.insagent@dcbs.oregon.gov.

Allow 30 to 60 days for credit approval.

Producer/adjuster requesting cred	iit:				
Name			License number		
Mailing address			Phone		
City	State	ZIP	Email		
Course title (description):					
Date of course:			Start time:	End time:	
Location of course:			City/state/ZIP:	·	
Method of instruction (Self-study	courses are not eligib	ole):			
Classroom lecture	Academic credi	it course	Other:		
Credit hours requested:			Course approved for:		
Life	Property/casual	lty	Life	Property/casualty	
Health	Insurance ethics	S	Health	Insurance ethics	
Miscellaneous	Agency management		Miscellaneous	Agency management	
Oregon laws and regulations			Oregon laws		
Course objective:					
I affirm that I attended the above	course and completed	I the portions I	certify.		
Producer/adjuster name (typed or printed)			Producer/adjuster signature		
Submit the application no later the Enclosures necessary for review	~	er the date of co	ompletion of the course	3 .	
1. Outline of the course (we the course work meets the				erials issued by the provider that show	
2. Proof of attendance provided by the provider of the course.					
DIVISION USE ONLY					
Course registered for continuing education hours. Course number:					
Course does not meet the requirements for continuing education.					
Comments:					
By					
Division of Financial Regulation				Date	

