

Continuing Education Program

ONLINE PROVIDER COURSE RENEWAL LETTER

LIC 446-38

Curriculum and Officer Review Bureau – Education Unit

300 CAPITOL MALL
SACRAMENTO, CA 95814-4309
Information (916) 492-3064
www.insurance.ca.gov

INSTRUCTIONS:

- This form must be completed by each provider that is renewing a California Department of Insurance approved course with no changes to the course. (Section 2188.3(a)(3) of the California Code of Regulations)
- Provider Director must verify the information provided below is correct by placing an "X" in the "I agree" box at the bottom of this page.
- **YOU MUST ATTACH THIS LETTER TO YOUR ONLINE COURSE RENEWAL.**

Date: _____

CDI Provider ID: _____

Provider Name: _____

Course Name: _____

CDI Course Number: _____

Certification: By submitting this electronic letter, I certify under penalty of perjury that I am the provider director and I have read and understand the information and requirements contained in this application, that all statements are true and nothing has been withheld which would influence a complete evaluation of this course, and that no course with an expired status will be offered for credit until such time as the active approval status of the course has been renewed.

Typed Name of Provider Director

Date

I agree