Prelicensing / Continuing Education Program Course Attendance Record and Verification Form

LIC 446-5 (Rev 01/2023)

		Curricu	ulum and Officer	Review Bureau – Educ 300 Ca Sacramento, CA 95 Information (916) www.insurance	apitol Mal 814-4309 492-3064
Course Number:					
Course Title:					
Provider Number:					
Provider Name:					
Class Location:	Street	City	State	Zip Code	
Class Date(s):	Street	City		Zip Gode	
	I verified that the persons pages, were present at the				heet(s),
Original Signature of	Instructor/(Subject Matte	er Expert)	Date		-
	ructor/(Subject Matter Ex	xpert)			-
	Course Attendance Rec that I find them accurate				Record
►Original Signature of	Provider Director/Subjec	t Matter Expert		Date	_
Printed Name of Pro	vider Director/Subject Ma	atter Expert			-

Course Attendance Record Sheet

Provider #:	Provider Nam	e:							Page	of
Course #:	Course Name	Course Name:								
Date:		Begin Time:		End Time:			Session	of		
Location:							Instructor/S	ubject N	/latter Exp	pert:
St	reet		City		State	Zip				

Note: Those students who do not sign in and out will not be granted prelicensing or continuing education credit.

Time-in : AM/PM	Printed Name (Last, First M.I.)	Social Security Number* (Last 4 digits only)	Individual Insurance License #	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.

(Attach additional sheets if necessary)

^{*}The Provider is required by the Department pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.3, 1749.4, 1749.5, 1749.7, 1810.7 and CCR, Title 10, Chapter 5, Sections 2105.7(c)(1), 2105.10(b)(1), and 2188.5 to collect and maintain a unique student identifier that will properly identify students while protecting the confidentiality and privacy of this non-public personal information. The last four digits of the social security number or the individual insurance license number will allow the Department to assign credit to students who have completed prelicensing or continuing education courses.

Provider #:	Provider Name:				of
Course #:	Begin Time:	End Time:	Date:		

Time-in : AM/PM	Printed name (Last, First M.I.)	Social Security Number* (last 4 digits only)	Individual Insurance License#	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.

Time-in : AM/PM	Printed name (Last, First M.I.)	Social Security Number* (last 4 digits only)	Individual Insurance License #	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.