

**PRELICENSING / CONTINUING EDUCATION PROGRAM  
COURSE ATTENDANCE RECORD AND VERIFICATION FORM**

LIC 446-5 (Rev 10/11)

**Producer Licensing Bureau, Education Section**

300 Capitol Mall  
Sacramento, CA 95814-4344  
Information (916) 492-3064  
www.insurance.ca.gov

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_  
\_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
\_\_\_\_\_

Class Location: \_\_\_\_\_  
Street City State Zip Code

Class Date(s): \_\_\_\_\_

**VERIFICATION:**

I have reviewed and verified that the persons named on the attached Course Attendance Record Sheet(s), consisting of \_\_\_\_\_ pages, were present at this class during the times and days indicated.

\_\_\_\_\_  
*Original Signature of Instructor* *Date*

\_\_\_\_\_  
*Printed Name of Instructor*

**CERTIFICATION:**

I have reviewed this Course Attendance Record Verification and the attached Course Attendance Record Sheet(s), and certify that I find them accurate and in order, to the best of my knowledge.

\_\_\_\_\_  
*Original Signature of Provider Director* *Date*

\_\_\_\_\_  
*Printed Name of Provider Director*





