

**Continuing Education Program**

**ONLINE PROVIDER COURSE RENEWAL LETTER**

LIC 446-38

**Curriculum and Officer Review Bureau – Education Unit**

300 CAPITOL MALL, Suite 1600

SACRAMENTO, CA 95814-4344

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