

Prelicensing Continuing Education Program Course Attendance

Record and Verification Form

LIC 446-5 (Rev 01/2021)

Curriculum and Officer Review Bureau – Education Unit

320 Capitol Mall

Sacramento, CA 95814-4309

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/(Subject Matter Expert) Date

Printed Name of Instructor/(Subject Matter Expert)

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/Subject Matter Expert Date

Printed Name of Provider Director/Subject Matter Expert

