

EXHIBIT D
ROSTER FORM
CERTIFICATION OF COURSE COMPLETION
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 53

Course Sponsor/Provider Name _____

Course Title _____

Course Number _____ Number of Credit Hours _____

Instructor _____

Presentation/ Completion Date	Time Started	Time Stopped	Total Time Spent on Subject

I HEREBY CERTIFY THAT THE FOLLOWING INDIVIDUALS SATISFACTORILY COMPLETED THE FOREGOING CONTINUING EDUCATION COURSE
AND THAT SAID COURSE WAS PRESENTED IN COMPLIANCE WITH DEPARTMENT OF INSURANCE RULE NO. 53:

NAME OF ATTENDEE	LICENSE NUMBER	COMPLETION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary, do not write on back.)

CREDIT FOR COURSE BASED ON: ATTENDANCE REPORT EXAMINATION

Date

Signature of Provider/Sponsor Representative

Name (Type or Print)

NOTE: THIS FORM MUST BE UPLOADED BY THE COURSE PROVIDER THROUGH SIRCON OR SUBMITTED TO THE DEPARTMENT OF INSURANCE WITHIN THIRTY (30) DAYS OF THE PRESENTATION/COMPLETION DATE OF THE COURSE.