

EXHIBIT C
CERTIFICATE OF COMPLETION
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 53

| | | | |
|--|-----------------------------|----------------|-------------------|
| _____ Producer Name (Type or Print) | _____ License Number/NPN | | |
| _____ Street Address | _____ City | _____ State | _____ Zip Code |

I, _____,
Authorized Provider Representative (Type or Print)

do hereby certify that the person named herein has successfully completed the following **Idaho approved** course:

Course Title _____

Idaho Course Number _____

Attendance/Completion Date _____

Credit Hours Earned _____

Name of Provider/Sponsor _____

Provider ID# for Idaho _____

**This course has been certified by the Idaho Department of Insurance
pursuant to Department of Insurance Rule No. 53.**

Date

Signature of Authorized Provider Representative

THIS DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLETION WILL BE ACCEPTED AS EVIDENCE OF COMPLETION OF AN APPROVED COURSE. THE LICENSEE MUST RETAIN COPIES OF HIS OR HER CERTIFICATES OF COMPLETION EARNED FOR THE MOST RECENT TWO (2) YEAR PERIOD.

THIS FORM MAY ONLY BE REPRODUCED BY THE COURSE SPONSOR.

Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043
continuing.education@doi.idaho.gov