



Department of Consumer & Business Services

Oregon Insurance Division — 3

P.O. Box 14480, Salem, Oregon 97309-0405
350 Winter St. NE, Salem, Oregon 97301-3883
Phone: 503-947-7981, Fax: 503-378-4351
www.insurance.oregon.gov

Continuing Education
Course Registration
Renewal for
Unchanged Curriculum

Submit this form in duplicate. Include a postage-paid, self-addressed envelope.

The provider must apply for renewal of a course no later than 21 days before the registration expiration date.

Course provider name: \_\_\_\_\_

(Mailing Address) (City) (State) (ZIP)

Title of course: \_\_\_\_\_

Current course registration no.: \_\_\_\_\_

Lecture course: Send the current course outline.

Independent study course: Send course outline or table of contents showing time requirements and the educational objective. No book is required as long as there have been no changes to the course content. It is the provider's responsibility to ensure that the material being presented is accurate and up-to-date.

Names and signatures of persons authorized to sign certificates of completion: (This information will replace information on file.)

Name, typed or printed Signature

Name, typed or printed Signature

Certification

I \_\_\_\_\_, certify that the curriculum as previously filed for the above-named course has not changed and the hour(s) allowed are accurately stated.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Authorized representative

INSURANCE DIVISION USE ONLY Comments:
Course registered for: \_\_\_\_\_ hours of credit
Revised registration no.: \_\_\_\_\_
Registration expiration: \_\_\_\_\_
By: \_\_\_\_\_ Oregon Insurance Division Date