

IOWA CERTIFICATE OF COMPLETION

Producer License Number _____ Iowa Course Number _____

Full Name of Producer _____

Course Name _____

Provider Number _____

Name of Provider _____

Date of Course _____

Location of Course _____

Credits Earned: **General** _____ **Ethics** _____ (Enter number of credits)

Was this course: **Classroom**, _____ or **Self-Study** _____ (Check one)

I certify that the insurance producer identified above has completed this approved program of instruction for the number of credits indicated.

Course Instructor or Provider Representative

This is the only certificate of course completion that is acceptable as proof that the producer completed the course of instruction. The producer is responsible for retaining these certificates for four years. **DO NOT send this certificate, or any photocopy, to the Insurance Division.** If the Division needs a copy of the Certificate, they will request one. The provider is responsible for reporting the producer's attendance.