



Insurance Educational Association

CONTINUING EDUCATION REPORTING FORM

Please check only the designation(s) you hold

ARPM – Associate in Risk Pool Management

ERMP – Enterprise Risk Management Professional

Name _____ Last 4 Digits of SSN _____

Home Address _____

Preferred mailing address home company

Employer _____

Employer Address _____

Daytime Phone Number _____

Email Address _____

Name of Workshop, Seminar or Class Completed:

Date Completed _____

Program Hours _____ *(Designation renewal requires 6 hours per calendar year. You can earn a maximum of 12 hours per year, with 6 hours carrying over into the next renewal year)*

Instructor Name or Provider Name _____

Participant Signature

Date

Mail or fax CE form to:

IEA
2670 N. Main St., Suite 350
Santa Ana, CA 92705-6639
Fax (714) 689-0112

(please note: email is not secure, do not email this form with your social security number or credit card no.)

NOTE: Please read the following important information regarding submittal of Non-IEA Approved Programs:

There is a **\$20 per credit hour** (example: 6 ce hours=\$120) charge for submitting a non-IEA approved program. Please enclose program agenda and proof of attendance and a check for \$20 payable to IEA or credit card authorization

2010 Edition

account number Visa, Mastercard or American Express

exp. date signature

Total CE Hours Total Amount to be Charged