



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

Company _____

Company 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

725 Town & Country Rd #430

Orange, CA 92868-4705

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 for Non-IEA Approved Program:

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

_____ account number Visa, Mastercard, Discover or American Express

_____ exp. date _____ signature