



Insurance Educational Association

CONTINUING EDUCATION REPORTING FORM

Please check only the designation(s) you hold

- CCMP Certified Case Management Professional
- CPDM Certified Professional in Disability Management
- WCCP Workers' Compensation Claims Professional

Name _____ Last 4 SSN _____

Home Address _____

Preferred mailing address home company

Employer Name _____

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.)

2010 edition

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 programs. Please enclose program description and agenda and proof of attendance and a check payable to IEA or credit card authorization.

account number Visa, Mastercard, American Express or Discover

exp. date signature

Total CE Hours Total Amount to be Charged