



# 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  
725 Town and Country Rd.,  
Suite 430  
Orange, CA 92868  
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