

**KANSAS INSURANCE DEPARTMENT
PRODUCERS DIVISION
420 SW 9TH
TOPEKA KS 66612
(785) 296-7862 (voice)
(785) 368-7019 (fax)**

**COURSE CERTIFICATION
KANSAS CONTINUING EDUCATION
FOR INSURANCE AGENTS**

Name of Agent NPN or SSN

Residence Street Address City State Zip Code

I, _____
(Instructor or Administrator)

certify that the individual named herein has successfully completed the following educational course as approved by the Kansas Insurance Department.

Course Title: _____

Course Date: _____

Kansas Course ID # _____ Number of Credit Hours Earned: _____

Name of Provider: _____

Date Signature of Instructor or Provider Administrator

Only this form or another Certification approved by the Commissioner will be accepted as evidence of completion of an approved course.

The agent must submit a copy of each Course Certification to the Insurance Department.

Every licensed agent who is an individual must biennially complete the following credit hours of approved education:

Agents holding **property or casualty** qualifications, **or both** -- 12 hours - 1 hour must be ethics, only 3 hours of agency management is allowed.

Agents holding **life, accident and health, or variable** contracts qualifications -- 12 hours - 1 hour must be ethics, only 3 hours of agency management is allowed.

Agents holding **crop only** qualifications -- 2 crop only hours

Agents holding **title only** qualifications -- 4 title only hours

THIS FORM MAY BE REPRODUCED BY THE COURSE PROVIDER