



State of New Jersey
Department of Banking and Insurance
Consumer Protection Services

PO Box 329
Trenton, NJ 08625-0329

Tel (609) 292-5316
Fax (609) 984-2792

ALTERNATIVE CONTINUING EDUCATION CREDIT APPLICATION
APPROVED INSURANCE DESIGNATION FORM

Purpose: Verification form for Individual licensee requesting continuing education credits for meeting the continuing education requirements of an approved insurance designation.

Please submit this form to the governing body of the appropriate insurance designation for completion. The completed form may be faxed by the licensee to the Office of Consumer Protection Services - Producer Education at (609) 984-2792 or Mail to: Office of Consumer Protection Services, Department of Banking & Insurance, PO Box 329, Trenton, NJ 08625-0529

Legal Name of Licensee _____

Producer's License Reference Number _____

Approved Insurance Designation: _____

Designation Awarded Initially On: _____

Designation Grantor Statement: To be completed by representative of the organization granting the approved insurance designation. This form should be returned to the Producer requesting consideration for alternative continuing education credit evaluation.

I hereby certify that the above designee has completed the continuing education requirement to maintain the approved insurance designation identified above for the month year _____ to _____ month year period and remains a member in good standing. The Department will award 12 continuing education credits for each full year of the license term that the Designation is maintained in good standing.

Representative of Approved Designation (Please Print)

Signature of Representative

Telephone Number of Representative

E-Mail Address of Representative