



**Department of Business Regulation  
Insurance Division**

1511 Pontiac Avenue, Bldg. 69-2  
Cranston, RI 02920  
www.DBR.RI.gov



**CONTINUING EDUCATION  
CERTIFICATE OF ATTENDANCE/COMPLETION**

**NOTICE TO THE CE PROVIDER:** Furnish a copy to student

**NOTICE TO THE LICENSEE:** Keep this certificate for your records, as it may be necessary to verify your compliance with the continuing education requirement

**RI APPROVED CE PROVIDER** \_\_\_\_\_

**RI ASSIGNED COURSE NUMBER** \_\_\_\_\_  
(all Approved CE Providers must complete this section)

**APPROVED COURSE TITLE:** \_\_\_\_\_

**DATE OF COURSE:** \_\_\_\_\_

**COURSE LOCATION:** \_\_\_\_\_

**TOTAL CONTINUING EDUCATION COURSE HOURS:** \_\_\_\_\_  
(as approved by the RI Insurance Division)

**A. Exam required**  
If exam required, student achieved 70 or higher      yes  no

**B. If no exam, student satisfied attendance requirements**      yes  no

**NAME AND ADDRESS OF LICENSEE (please print):** \_\_\_\_\_  
\_\_\_\_\_

**RHODE ISLAND INSURANCE LICENSE No:** \_\_\_\_\_  
*\*If the student/licensee is a RI resident, the CE Provider is required to complete.*

*I certify that the person named above has completed the above course as approved by the RI Insurance Division.*

**SIGNATURE:** \_\_\_\_\_  
*Authorized Representative/RI Approved CE Provider*

**DATE:** \_\_\_\_\_

**\*\*\* The ORIGINAL Certificate MUST be maintained by the Student/Licensee\*\*\***