



Iowa Insurance Division  
1963 Bell Avenue, Suite 100  
Des Moines, IA 50315

## IOWA Certificate of Completion

National Producer Number: \_\_\_\_\_ Iowa Course Number: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Location of Course: \_\_\_\_\_

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Credits Earned: General \_\_\_\_\_ Ethics \_\_\_\_\_ (Number of credits)

Course Method: Classroom \_\_\_\_\_ Self-Study \_\_\_\_\_ (Check one)

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I certify, as the continuing education provider/instructor, the above listed producer has completed the approved course for the number of credits indicated.

\_\_\_\_\_  
**SIGNATURE: COURSE PROVIDER OR INSTRUCTOR**

Pursuant to Iowa Administrative Code 191-11.4(1)b, producers must keep this original certificate of completion for four (4) years. This is necessary to show completion of the course in the event course credit was not accurately posted to your record.

**The provider is responsible for reporting the completed credits to the Iowa Insurance Division. DO NOT send this certificate, or any photocopy, to the Iowa Insurance Division.**