CONTINUING EDUCATION CERTIFICATE

Insert logo here

PLACE THE NAME OF THE COURSE PROVIDER HERE

This is to certify that _____*NAME OF ATTENDEE*_____ (CIPR#_____),

has completed _____*NAME OF THE COURSE*_____

This course has been awarded credits for the following classes of certificate:

CLASS OF INSURANCE	# of Hours
LIFE INSURANCE	
ACCIDENT AND SICKNESS	
GENERAL INSURANCE	
INSURANCE ADJUSTER	

The course was completed on ___*DATE COURSE COMPLETED*_____ .

Alberta Accreditation Committee Course ID# _____

_____
Authorization Signature *(electronic signatures accepted)*

_____
Printed Name