**CONTINUING EDUCATION CERTIFICATE**



PLACE THE NAME OF THE COURSE PROVIDER HERE

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

has completed the following courses:

|  |  |  |  |  |  |  |
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|  |  |  | **Number of Hours per Class of Insurance Certificate** | | | |
| **AAC ID#** | **Title** | **Completion Date** | **Life** | **Accident & Sickness** | **General** | **Adjuster** |
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These ID #’s were given when the courses were accredited by the Alberta Accreditation Committee.

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Providers Authorization

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Providers Printed Name