



**CONTINUING EDUCATION COURSE COMPLETION CERTIFICATE**  
NORTHDAKOTA INSURANCE DEPARTMENT  
SFN 10923 (4-2006)

NOTICE TO PROVIDERS: Furnish a copy to each agent.

NOTICE TO INSURANCE PRODUCERS: Keep this certificate for your records, do not send it to the Insurance Department unless requested.

Insurance Producer Name (Last, First, MI)			National Producer Number	
Insurance Producer Residence Address	City	State	Zip Code	Telephone Number

Course Title			
North Dakota Course Number	Ethics Credits	Total Credits (including ethics)	Completion Date
Course Location			
Course Provider		Provider Number	

Signature of Authorized Training Representative X	Date
Signature of Insurance Producer X	Date

Other Information
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