State of California

Department of Insurance

Prelicensing / Continuing Education Program Course Attendance Record and Verification Form

LIC 446-5 (Rev 01/2023)

Curriculum and Officer Review Bureau – Education Unit
300 Capitol Mall
Sacramento, CA 95814-4309
Information (916) 492-3064
www.insurance.ca.gov

Course Number: _____

Course Title: _____

_____

Provider Number: _____

Provider Name: _____

_____

Class Location: _____
Street City State Zip Code

Class Date(s): _____

Verification:

I have reviewed and verified that the persons named on the attached Course Attendance Record Sheet(s), consisting of_____pages, were present at this class during the times and days indicated.

_____
Original Signature of Instructor/(Subject Matter Expert) Date

_____
Printed Name of Instructor/(Subject Matter Expert)

Certification:

I have reviewed this Course Attendance Record Verification and the attached Course Attendance Record Sheet(s), and certify that I find them accurate and in order, to the best of my knowledge.

►_____
Original Signature of Provider Director/Subject Matter Expert Date

_____
Printed Name of Provider Director/Subject Matter Expert

Course Attendance Record Sheet

Provider #:	Provider Name:			Page of
Course #:	Course Name:			
Date:	Begin Time:	End Time:		Session of
Location:				Instructor/Subject Matter Expert:
Street	City	State	Zip	

Note: Those students who do not sign in and out will not be granted prelicensing or continuing education credit.

Time-in : AM/PM	Printed Name (Last, First M.I.)	Social Security Number* (Last 4 digits only)	Individual Insurance License #	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.

(Attach additional sheets if necessary)

***The Provider is required by the Department pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.31, 1749.4, 1749.5, 1749.7, 1810.7 and CCR, Title 10, Chapter 5, Sections 2105.7(c)(1), 2105.10(b)(1), and 2188.5 to collect and maintain a unique student identifier that will properly identify students while protecting the confidentiality and privacy of this non-public personal information. The last four digits of the social security number or the individual insurance license number will allow the Department to assign credit to students who have completed prelicensing or continuing education courses.**

Provider #:	Provider Name:		Page of
Course #:	Begin Time:	End Time:	Date:

Time-in : AM/PM	Printed name (Last, First M.I.)	Social Security Number* (last 4 digits only)	Individual Insurance License #	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.

Time-in : AM/PM	Printed name (Last, First M.I.)	Social Security Number* (last 4 digits only)	Individual Insurance License #	Time-out : AM/PM	Signature I certify under penalty of perjury that these are my correct attendance times.