



STUDENT INFORMATION

CAM License Number: _____

Name: _____

Address: _____

Apt./Suite: _____ City: _____

State _____ Zip _____

Phone: _____

Email: _____

*Payment options are listed on the previous page.

COURSE SELECTION

Courses	Hours	Price
<input type="checkbox"/> Complaints	4	\$35
<input type="checkbox"/> A CAM's Guide	4	\$35
<input type="checkbox"/> 2019 Legal Update	2	\$25
<input type="checkbox"/> 10-Hour Combo	10	\$89
Total*:		\$ _____

Complaints, Complaints, Complaints (Expiration 9/6/2020)	A CAM's Guide to Understanding Insurance (Expiration 9/6/2020)	2019 Legal Update (Expiration 9/6/2020)			
1 A B C D	1 A B C D	1 A B C D			
2 A B C D	2 A B C D	2 A B C D			
3 A B C D	3 A B C D	3 A B C D			
4 A B C D	4 A B C D	4 A B C D			
5 A B C D	5 A B C D	5 A B C D			
6 A B C D	6 A B C D	6 A B C D			
7 A B C D	7 A B C D	7 A B C D			
8 A B C D	8 A B C D	8 A B C D			
9 A B C D	9 A B C D	9 A B C D			
10 A B C D	10 A B C D	10 A B C D			
For Office Use Only	For Office Use Only	For Office Use Only			

STUDENT AFFIDAVIT

I hereby certify that I personally (and without assistance) completed this continuing education course.

Signature: _____ Date: _____

For office use only:

Date Rec'd: _____

Student ID: _____