

## 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.