



STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE

Classroom Sign-in/Out Sheet

Provider Name: _____ Provider ID _____

Course Date _____ Course Name: _____

Course ID _____ Instructor Name: _____

Student Name (Print)	Student NPN	Time IN	Signature	Time Out	Signature



STATE OF NEW MEXICO
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Certificate of Completion

Name of Student: _____

NM License #/NPN: _____

This certifies that the individual named has successfully completed the course requirements for:

Course Name: _____ **Course Number:** _____

Number of Credits: _____ **Date of Course Completion:** _____

Provider Number: _____ **Provider Name:** _____

Provider Phone Number (including area code): _____

This course has been approved by the New Mexico Insurance Continuing Education Coordinator as New Mexico Insurance Continuing Education Course Number (insert number) for (insert number) hours of credit

Signature of Authorized Provider Official: _____

Title of authorized Official: _____ **Date:** _____