

## Hawaii Continuing Education Course Schedule and/or Roster

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Code: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_

<u>Date(s)</u>	<u>Time</u>	<u>Location</u>	<u>Instructor(s) Name</u>

Please notify the Hawaii Insurance Division by: Fax (808-587-6714) or Mail (P.O. Box 3614 Honolulu, HI 96811-3614) of any revisions to this course schedule and/or roster once it has been submitted.

**PLEASE PRINT LEGIBLY**

<u>First Name</u>	<u>Last Name</u>	<u>Vendor #</u>	<u>Sign In</u>	<u>Time In</u>	<u>Time Out</u>	<u>Initial</u>

CE Course Roster Submitted by - (Print Name): \_\_\_\_\_

Signature of Submitter Authorized for Provider: \_\_\_\_\_

Date of Signature: \_\_\_\_\_