



CE - REGISTRATION FORM

Please print, complete and fax, mail or email this form to reserve your place for your choice of course

Name			
Address			
City		State	
		Zip Code	
Phone (H)		Phone (W)	
E-mail		Mobile (C)	
License #		License Type	
		Birth Date	/ /
		Expires:	/ /
Employer			
Occupation:			
Address			
City		State	
		Zip Code	
Phone		Manager	

Please choose a Classroom Course and a Self Study Course – 16 CE Credits

Classroom Courses, Approval #'s and Credits - (Note – All courses are "Bridge Courses" - BR, PC, PA, C3, LA, LB, and C1)

- | | | | | |
|--|-----------------------------------|-------|-------------|-----------------|
| <input checked="" type="radio"/> 106. Risk P&C/Personal Risks | NYCR - 213910 | 8 cr | Date: _____ | Location: _____ |
| <input type="radio"/> 107. Risk Financing Options | NYCR - 213909 | 4 cr. | Date: _____ | Location: _____ |
| <input type="radio"/> 108. Business Continuation | NYCR - 217320 | 8 cr. | Date: _____ | Location: _____ |
| <input type="radio"/> 109. Annuity Concepts & Compliance | NYCR - 237972 | 8 cr. | Date: _____ | Location: _____ |
| <input type="radio"/> 110. Long Term Care Suitability | NYCR - 2227247 | 8 cr | Date: _____ | Location: _____ |
| <input checked="" type="radio"/> 111. NY SHOP Certification | NYHX/C- 238330 | 8 cr. | Date: _____ | Location: _____ |
| <input type="radio"/> 112. NY - Individual Mkt Place Certification | NYHX/C- 238527 | 8 cr | Date: _____ | Location: _____ |
| <input type="radio"/> 113. Agency Management | NYCR - 245114 | 8 cr | Date: _____ | Location: _____ |
| <input type="radio"/> 114. Principles of Retirement | Pending Approval for 8 cr. | | Date: _____ | Location: _____ |

Self Study Courses - (Note – All courses are "Bridge Courses" - BR, PC, PA, C3, LA, LB, and C1)

- | | | | | |
|---|---------------|-------|--|---|
| <input type="radio"/> 304. Disability Income Insurance | NYCS – 227267 | 8 cr. | | |
| <input type="radio"/> 305. Legal Concepts and Doctrines | NYCS – 226152 | 8 cr. | | <i>Monitored Exams are taken same day of class.
(8:00- 9:00 a. m)</i> |
| <input type="radio"/> 306. Ethics | NYCS – 236148 | 8 cr. | | |
| <input type="radio"/> 307. Delivering Quality Service | NYCS – 226152 | 8 cr. | | |
| <input type="radio"/> 308. Health Concepts | NYCS – 237647 | 8 cr. | | |
| | | | | 310. Social Security/Medicare Pending Approval – 8 Credits |

PAYMENT METHOD: (Check One and list the card #)

- | | | | |
|--|-----------------------------------|--------------------------|---------------------------------|
| <input type="radio"/> Check | <input type="radio"/> Master card | Card # _____ | Expiration Date: _____ |
| <input type="radio"/> Money Order | <input type="radio"/> Visa | Am. Exp. 4 Digit # _____ | All other cards 3 Digit # _____ |
| <input type="radio"/> American Express | <input type="radio"/> | | |

Payment Enclosed: \$ _____

Registration: All registration fees must be received **7 days in advance of class start date.** **Photo ID is required on day of class**

▪ Register by **Phone/Fax:** Tel. 845-354-2036 Fax completed Registration Form to 845-694-8340 ▪ Register online: www.focalinsurance.com

▪ Register by **Mail:** Return Registration Form - Check payable to: **Focal Insurance Consulting - Insurance Education P.O. Box 175 Pomona, NY 10970**

Attendance: The **Department of Financial Services** requires full attendance for NY Continuing Education credits. Timely arrival and attendance of the 8 hour class are mandatory for full 8 hour credits. Monitored Exam will be administered one hour prior to the starting time of class.

Cancellation: Tuition fees are refundable if you provide a written request to Focal Insurance one working day prior to class date less a \$25 non refundable administrative Fee. Licensees can then reschedule class at no charge. Tuition is non-refundable for "No Shows". "No Shows are allowed to reschedule with a \$25 reschedule fee.

How did you hear of us? Advertising _____ Internet _____ NY State Ins. Dept. _____ Referral _____ Repeat _____

Signature: _____ Date: _____