WASHINGTON INSURANCE CONTINUING EDUCATION COURSE SIGN-IN

NAME OF COURSE _____ APPROVED COURSE NUMBER _____

PROVIDER'S NAME _____ PROVIDER'S NUMBER _____

DATE OF COURSE _____ LOCATION OF COURSE _____

WAOIC#	**NAME**	**SIGN IN**		**SIGN OUT**	
	PRINT NAME CLEARLY	SIGNATURE	TIME	INITIAL	TIME

Certificates of Completion may be issued only to those who have completed the entire course. Late arrivals and early departures are not eligible for credit. Education Provider should maintain this record in its files for a minimum of three years and is subject to audit.