

WYOMING INSURANCE DEPARTMENT
CE REPORTING FORM

Instructions: PRINT or TYPE the information requested and mail the completed form to the Department at the address indicated below. Do NOT fax this reporting form. Attach copies of certificates of course completion for each Wyoming-approved course taken.

Submit this form only after completing all 24 hours of required CE (including 3 hours of ethics) but no later than your license renewal date. Reporting forms submitted for less than 24 hours will be rejected.

All CE courses must be taken and reported during your licensing period. Failure to report CE prior to your renewal date will result in termination of your license.

Name _____

WY License # or NPN (Required) _____ Daytime Phone _____

Address _____ City, State, Zip _____

Course ID #	Sponsor	Course Title	Date Taken	Credit Hours

Required Hours: 24 (including 3 hours of ethics) Total _____

With this signature, I certify to the best of my knowledge that the above is true and correct.

_____ Date

_____ Licensee Signature

Send the completed form and course certificates to:

Wyoming Insurance Department
106 East 6th Avenue
Cheyenne, WY 82002 (82001 for overnight delivery)

NEW! Filing Fee: The filing fee will be billed on your renewal invoice.

No address changes will be accepted on this form. If you wish to change your address on file with the Department, visit the web site for information at <http://insurance.state.wy.us>.