

CONTINUING EDUCATION CERTIFICATE



United Insurance Educators, Inc.
PO BOX 1030
Eatonville, WA 98328
www.uiece.com

This is to certify that _____ (CIPR# _____),

has completed

This course has been awarded credits for the following classes of certificate :

<u>CLASS OF INSURANCE</u>	<u># of Hours</u>
LIFE INSURANCE	
ACCIDENT AND SICKNESS	
GENERAL INSURANCE	
INSURANCE ADJUSTER	

The course was completed on

Alberta Accreditation Committee Course ID #

A handwritten signature in dark ink, appearing to read "Toni Amell", written over a horizontal line.

Authorization Signature

Toni Amell

Printed Name

