



CONTINUING EDUCATION STATUS FORM
Exemption / Emeritus Request (for LUTCF/FSS/FSCP)
(To be submitted to CARAIFA)

DATE: _____ MEMBER ASSOCIATION _____

Reporting Period: January 1st _____ to December 31st _____

(Surname)

(First Name)

(Middle Initial)

Student ID#

Report your continuing education status by signing ONE (1) of the Statements on this form. It is important to review the CARAIFA CE Credit Guidelines before you sign. Confirmation of acceptance of CE status will be sent to you within 5 days of submittal.

STATEMENT OF EXEMPTION

By signing below I certify that I am requesting exemption from reporting CE credits for the _____ to _____ renewal period for one of the following reasons in accordance with CARAIFA's CE Credit Guidelines. I further understand that I may be requested to produce verification of my eligibility for exemption.

- I am no longer in the industry AND have not renewed my insurance license
- Other: _____

Signature _____ Date _____

REQUEST FOR EMERITUS STATUS

By signing below I certify that I am 60 years of age or older or will reach the age of 60 during the _____ to _____ reporting period in accordance with CARAIFA's CE Credit Guidelines. I further understand that I may be requested to produce verification of my eligibility for emeritus status.

Signature _____ Date _____

FOR INTERNAL USE ONLY

Date Received: _____

Proof: Valid Invalid

Request: Approved Declined Incomplete

Signature _____ Date _____