



CONTINUING EDUCATION CREDIT FORM

Statement of Compliance (for LUTCF/FSS)

(To be submitted to CARAIFA)

DATE: _____ MEMBER ASSOCIATION _____

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

(Surname) _____ (First Name) _____ (Middle Initial) _____ Student ID# _____

This serves to certify that Mr./Ms./Mrs. _____ participated, presented and/or moderated in the following:-

Particulars	Credits	# of Attendances & Details		Running
		#	Details	Credits
CARAIFA Congress	10			
Association's Local Congress	10			
MDRT Meeting	5			
One-day Seminar by local assoc. / company association blast-off	3			
Completion of CARAIFA Courses	15			
Moderator	10			
Participant in Congress Speaker's Forum	2.5			
SIGNED Attendees at Congress Speaker's Forum	1.5			
Attendance at two (2) accredited workshops at congress/MDRT	2.5			
Relevant non-CARAIFA courses	7.5			
AMTC Original Course i.e. 23 weeks x 3 hrs per week = 69 hrs	25			
**Any person who serves as teacher, speaker or moderator panellist in an educational meeting e.g. seminar or workshop earns one credit for each 30 minutes of participation activity		mins		
Total Credits for the period				

Name of Student *Signature* *Date*

Endorsement of Insurance Association: _____
*I certify that the information above is true and correct.
 (Place Association stamp here)*

Name *Assoc. Authorised Signature* *Title held* *Term*

CARAIFA Approval *Authorised Signature* *Title held* *Term*