

Commonwealth Schools of Insurance

P.O. Box 22414, Louisville, KY 40252-0414 • 502.425.5987 • FAX 502.429.0755

E-mail: info@commonwealthschools.com

INSTRUCTIONS TO COMPLETE CONTINUING EDUCATION COURSE

Thank you for choosing the Commonwealth Schools of Insurance to fulfill your continuing education requirements. Please follow the instructions below to complete the course:

STEP 1

Please print out the ANSWER SHEET and CERTIFICATE that follow this page. After printing the ANSWER SHEET, please fill out the requested information clearly and completely.

STEP 2

TEST QUESTIONS must be answered on the page that follows and returned as instructed on the ANSWER SHEET. A score of 70% or better is required to pass.

STEP 3

After completing the TEST, please complete the STUDENT CERTIFICATION portion only and return it with your ANSWER SHEET.

Please note that your ANSWER SHEET and TEST QUESTIONS will not be processed without payment. Payment arrangements are listed on the ANSWER SHEET.

HELPFUL HINTS

- ▶ Read the material carefully.
- ▶ Carefully read each question and chose the most appropriate answer.
- ▶ All answers can be found in the text.

We hope you find this material useful and interesting. Happy studying!

NOTICE

The material contained herein may not be duplicated without the express written permission of Commonwealth Schools of Insurance.

The material contained in this course cannot be used as an original source of authority on legal matters. Any references made to laws and regulations in this material have been edited and summarized for clarity; and changes in these laws and regulations may have occurred since this course was published. The reader should always consult legal counsel as appropriate.

LONG-TERM CARE ANSWER SHEET

NAME: _____ SS#: _____

HOME MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ HOME TELE NO.: _____

COMPANY: _____ WORK TELE NO.: _____

E-MAIL ADDRESS: _____ DATE: _____

DATE OF BIRTH: MONTH _____ YEAR _____ SCORE: _____

Mail completed forms and payment to:

**Commonwealth Schools of Insurance
P O Box 22414
Louisville, KY 40252-0414**

Boxes must be filled in completely to insure accuracy in grading.

1	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
6	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
10	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30	A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

CHECKS AND ALL MAJOR CREDIT CARDS ARE ACCEPTED:

COURSE FEE \$30.00

CARD NO. _____ EXP DATE _____

CREDIT CARD BILLING ADDRESS _____

SIGNATURE: _____

Commonwealth of Kentucky
Office of Insurance - Agent Licensing Division
P. O. Box 517 - Frankfort, Ky. 40602
502-564-6004 <http://doi.ppr.ky.gov/kentucky>

APPROVED CONTINUING EDUCATION

CERTIFICATE OF COMPLETION

STUDENT NAME: _____

CONTINUING EDUCATION COURSE IDENTIFICATION

Course Title: Long-Term Care

Course Certification Number: _____

Course Completion Date: _____ Number of Hours: _____

Provider Name: *Commonwealth Schools of Insurance, Inc.*

Provider Certification Number: *S12128*

PROVIDER CERTIFICATION:

I hereby certify that this course was conducted as approved by the Commonwealth of Kentucky Office of Insurance. I further certify that the person whose name appears above did personally complete this course on the date indicated. Also, I acknowledge that fraudulent certification of this document will result in immediate withdrawal of approval of the provider, plus penalties, and simultaneous withdrawal of approval of all of the provider's courses (KRS 304.9-295 and 806 KAR 9:220).

Name: James F. Davis

Authorized Provider Representative

Signature: _____ Date: _____

STUDENT CERTIFICATION:

I hereby certify that I personally completed the course listed above in the manner required to satisfy Kentucky's continuing education laws and regulations. Also, I acknowledge that fraudulent certification of completion of this course will result in cancellation of my agent and/or viatical settlement broker licenses (KRS 304.9-295 and 806 KAR 9:220).

Name: _____ SS#: _____

Signature: _____ Date: _____

The provider is required by law to give the student who successfully completes any continuing education course the original of this form upon completion of the course and to retain a copy in the provider's records for at least three years. For a classroom course, the provider is required by law to submit the original Continuing Education Course Attendance Roster (Form CE-300) to the Office of Insurance within thirty days. Students must verify that credit has been recorded for this class by visiting our website at: <http://doi.ppr.ky.gov/kentucky>. If credit does not appear, please verify with the provider that the Roster has been submitted. If the Roster has been mailed and you do not receive credit, please forward this original document to the Office directly. For all correspondence credits, the provider or student must submit the original Continuing Education Certificate of Completion to the Office at the address above, and verify credit on our website, as required by KRS 304.9-295(8).