

There is a \$10.00 fee for each request. No personal checks will be accepted (see Method of Payment below).

Please provide all information requested below. Incomplete information will delay the processing of your request. Please allow 7 to 10 business days for the request to be processed. Do not send this request until the course has been successfully completed.

For a complete list of courses approved for CCMC credits, please go to the Center for Insurance Education and Professional Development's website, [www.AHIPInsuranceEducation.org](http://www.AHIPInsuranceEducation.org), and click on the "Continuing Education Credits" link.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

STUDENT'S NAME		USERNAME	
PHONE #	ADDRESS		
COMPANY NAME			
COURSE NAME		EXAM DATE	
CCMC #	E-MAIL ADDRESS		
SIGNED		DATE	

**METHOD OF PAYMENT:**

CASHIER'S CHECK, COMPANY CHECK, OR MONEY ORDER ENCLOSED FOR \$ \_\_\_\_\_ (PAYABLE TO "AHIP INSURANCE EDUCATION")

CHARGE MY CREDIT CARD:

American Express     VISA     MasterCard

CREDIT CARD ACCOUNT #	PRINT NAME	EXPIRATION DATE
-----------------------	------------	-----------------

SIGNATURE	DATE
-----------	------

**If paying with credit card, please fax this form to our secure fax line: (301) 576-5345**

**If paying with check, please return this form to:**  
 AHIP Insurance Education Program, Learning Services Manager  
 601 Pennsylvania Avenue NW, South Bldg, Suite 500  
 Washington, DC 20004