

SIGN-IN / SIGN-OUT SHEET

Course Title: Concepts of Disability Benefit Taxation
Location:
Alera Group
3 Parkway North Blvd., Suite 500
Deerfield, IL 60015
Provider Name: Mutual Of Omaha

Course Number: 6000084133
Credits: 1.00
Date: 02/17/2021
Start Time: 01:15 PM
End Time: 02:15 PM
Provider Number: 500001660

Instructor: Watt, Chris

In order to receive CE credit, ALL information on this form MUST be completed and turned in. You MUST PRINT LEGIBLY. Illegible forms will result in errors for CE submittal.

Name: _____
(First Name Middle Initial Last Name) -- Please Print Clearly

Resident Address: _____

City/State/Zip: _____

Email Address: _____

(optional)

Birth Date: MM/DD _____

National Producer #: _____

State License #: _____

Phone: () - -

Fax: () - -

I certify by signature below that I attended the entire seminar.

Sign-In Signature

Time-In

Sign-Out Signature

Time-Out

*** To Receive CE Credit ***

This form MUST be handed to a Mutual Of Omaha representative at the end of the course.

You must also comply with the following:

1. In order to meet the requirement to receive continuing education credit you must be in attendance during the entire session. You cannot be performing any other task such as e-mail, responding to voice mail or reading a newspaper. Disruptive threatening or deceptive behavior during a course or examination shall be grounds for termination of participation and shall be grounds for the Instructor to refuse course completion or a passing grade of an examination for those individuals responsible for the disruptive, threatening or deceptive behavior.
2. This course has been approved for the amount of credits shown on your sign in sheet for the state location listed. Students must turn in their sign in sheet at the seminar. Late forms will not be accepted.