

# THE NATIONAL FOUNDATION FOR CPSR

## ANNUAL CPSR UPDATE FORM

### FOR CPSR DESIGNATION ONLY

#### **TO UPDATE YOUR CPSR DESIGNATION:**

SEND A COPY OF YOUR CONTINUING EDUCATION CERTIFICATE ALONG WITH THIS FORM FILLED OUT COMPLETELY AND YOUR \$25.00 RENEWAL FEE TO: THE NATIONAL FOUNDATION FOR CPSR, 13246 38<sup>TH</sup> STREET NORTH, CLEARWATER, FLORIDA 33762. (MAKE ALL CHECKS PAYABLE TO THE NATIONAL FOUNDATION FOR CPSR) IF YOU ATTENDED ANY ONE OF THE NINE CORE CPSR SEMINARS OR THE CPSR ADVANCED UPDATE COURSES IN ITS ENTIRETY, YOUR ANNUAL CPSR CONTINUING EDUCATION REQUIREMENT IS RECORDED AUTOMATICALLY FROM THE REGISTRATION LIST OF THAT SEMINAR. YOU DO NOT NEED TO FILL OUT THIS FORM.

**Name:** \_\_\_\_\_  
(Please use legal name)

**Social Security #:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(mm/dd/yyyy)

**Residence:** \_\_\_\_\_  
(Street Address) (Apt/Unit #)

\_\_\_\_\_ (City) (State) (Zip Code)

Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
(Name of Insurance Agency)

\_\_\_\_\_ (Agency Address) (Suite/Unit#)

\_\_\_\_\_ (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_

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