

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 38TH 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: _____

The National Foundation for CPSR and its affiliates are authorized to send class schedules and pertinent industry updates via the email and/or fax information listed above. If you wish to be removed from our lists please call the Foundation at (727) 571-1499. Privacy Statement: Student and affiliate information is used solely for NFCPSR purposes and not intended for sale or public distribution.