



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Pre-Licensing Education Student Registration Form

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2665 | 614-387-0051 (Fax) | insurance.ohio.gov

Provider Name:	Provider ID#:
----------------	---------------

COURSE TYPE:

Life Property Personal

Accident & Health Casualty Surety Bail Bond

Location of Classroom Course:	Dates/Hours:	Instructor(s):

Study Materials: (A) Textbook Title: _____
 Author & Edition: _____

(B) Ohio Bulletin & Course Outline

(C) Other (explain): _____

(D) The Text and other materials will be the property of: Student Provider

Self-Study Offering:

Date Study Material Purchased: _____

Exam Method: Paper Electronic

Exam Location: _____

School Fees: Tuition \$ _____ Study Material \$ _____ Other \$ _____

Explanation of other fees _____

Please note the school tuition and fee refund policy is attached.

_____	_____
Authorized Provider Personnel Signature	Date
_____	_____
Provider Personnel Name (Print or type)	Title

TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature Required		
(Please Print)		
Name: _____	SSN (Last 4 Digits): _____	DOB: _____
Signature: _____	Date: _____	
Address: _____		
Telephone Number: _____		

THE PROVIDER MUST PROVIDE A COPY OF THE COMPLETED FORM TO THE STUDENT. THE PROVIDER MUST MAINTAIN ORIGINAL REGISTRATION FORM FOR 4 YEARS.