

ALASKA DIVISION OF INSURANCE  
**Continuing Education Provider**  
 Course Submission And Summary Form

**Course Title** \_\_\_\_\_ **CE Provider ID No.** \_\_\_\_\_

**Method(s) of Instruction**

Classroom                      Webinar                      Workshop                      Seminar  
 Lecture                      Teleconference                      Virtual Class                      Self-Study (including online)

Description of Subject Matter						
Start Time	Stop Time	Total Time	Hours Requested By Provider			Word Count
			Management, Marketing & Sales Training	General	Ethics	

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