

Request For Continuing Education Reduction / Exemption

1. GENERAL INSTRUCTIONS

- A. This request should only be submitted by resident licensees.
- B. **If granted, a Reduction or Exemption will apply only to the current renewal cycle.** You must still complete the standard CE requirements as usual for the next renewal cycle.

2. LICENSEE INSTRUCTIONS

Indicate whether you are requesting a Reduction or an Exemption by placing an "X" in the appropriate box. Be sure to fill out the corresponding section based on your request. Print your name as it appears on your Georgia insurance license in the boxes provided. Select your license prefix by placing an "X" in the appropriate box and print your license number and social security number. If applicable, select your professional designation. The licensee must sign this document.

Select One Request Type: Reduction Exemption

LICENSEE'S NAME:

Last Name	First Name	MI	Suffix (Jr., Sr.)

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Counselor | <input type="checkbox"/> Limited Subagent | <input type="checkbox"/> Surplus Lines Broker |
| <input type="checkbox"/> Adjuster | <input type="checkbox"/> Crop/Hail Adjuster | <input type="checkbox"/> Public Adjuster | <input type="checkbox"/> Workers Compensation |

License Number	National Producer Number	EIN

3. PROFESSIONAL DESIGNATION

Be sure to attach required proof of designation. These designations entitle you to reduced continuing education requirements. You need only complete 6 hours of continuing education per year for as long as you hold one of the designations below.

- | | |
|--|---|
| <input type="checkbox"/> CLU Chartered Life Underwriter | <input type="checkbox"/> AAI Accredited Advisor In Insurance |
| <input type="checkbox"/> FLMI Fellow Life Management Institute | <input type="checkbox"/> CIC Certified Insurance Counselor |
| <input type="checkbox"/> CEBS Certified Employee Benefit Specialist | <input type="checkbox"/> BBA Risk Management and Insurance |
| <input type="checkbox"/> CPCU Chartered Property & Casualty Underwriter | <input type="checkbox"/> PHD PHD in Insurance |
| <input type="checkbox"/> CHFC Chartered Financial Consultant | <input type="checkbox"/> CFP Certified Financial Planner |
| <input type="checkbox"/> CISR Certified Insurance Representative | <input type="checkbox"/> CRM Certified Risk Manager |

4. REDUCTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Reduction** in section e of this document.

I am requesting a reduction in continuing Education requirements as a result of _____ hour(s) spent on the following activity:

- | | |
|---|--|
| <input type="checkbox"/> Insurance related legislative activities | <input type="checkbox"/> Projects involving research of insurance laws and regulations |
| <input type="checkbox"/> Teaching courses in insurance related topics | <input type="checkbox"/> Journalism activities involving insurance related topics |

School/Courses

Paper/Magazine/Television Network

I would like my Continuing Education Requirement hours reduced to: hours.

5. EXEMPTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Exemption** in section 2 of this document.

- Illness: Attending physician must sign and attach supporting documentation
- Other: _____

SIGNATURE OF LICENSEE

DATE