pennsylvania
INSURANCE DEPARTMENT

FOR ATTORNEYS ONLY

Continuing Education
Declaration of CE Status
Title Agent

NAME: _____
First **Middle** **Last**

PA Title Agent License Number: _____

Business Telephone Number: _____

Email Address: _____

In conjunction with the implementation of Act 1995-79 (H.B. 602) regarding title insurance, I hereby declare to the Insurance Department that I am an attorney and will be demonstrating compliance with my continuing legal education ("CLE") requirement at the time of renewal of my agent's certificate. I understand that based on this declaration the Insurance Department will establish my agent continuing education classification at three (3) credit hours (of Insurance Department approved courses) and that future correspondence from either Prometric or the Insurance Department will rely on the validity of my declaration. I further understand that if I do not demonstrate completion of my continuing legal education ("CLE") at the time of renewal of my agent's certificate, I will be required to have completed twenty-four (24) credit hours of Insurance Department approved courses in order to renew my certificate.

_____ _____
Date **Signature**

NOTE: Once this form has been submitted and processed by the Department, the information will remain on file for the duration of your licensure. You do not need to resubmit the form with each renewal period unless otherwise notified by the Department.