

**APPENDIX I  
CERTIFICATE OF CONTINUING EDUCATION**

I hereby certify that \_\_\_\_\_ (name) \_\_\_\_\_, (Wisconsin license #) \_\_\_\_\_, (social security #) \_\_\_\_\_, has completed a continuing education course entitled \_\_\_\_\_ (course title and #) \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ approved for \_\_\_\_\_ (# of hours) \_\_\_\_\_ credit hours which complies with the requirements in ch. Ins 28, Wis. Adm. Code.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Provider License No.