

**FOR ATTORNEYS ONLY**

**Continuing Education  
Declaration of CE Status  
Title Agent**

**NAME:** \_\_\_\_\_  
**First Middle Last**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**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**

**Please return this form to the following address:**

**Commonwealth of Pennsylvania  
Insurance Department  
Bureau of Producer Services  
Room 1209 Strawberry Square  
Harrisburg, PA 17120**