Continuing Education Course Completions in the State of Texas

Confirmation

Provider

363747477 - SERVICEMASTER CLEAN

Course

1 10835 - SMOKE AND ODOR DAMAGE MITIGATION

Course Category

: General

ServiceType

: CE Course Completions

Request Date

: 11-21-2014

State

: Texas

Requestor

Lori H Hart

	Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message
	104049455	xxx-xx-7039	1812319	CHRISTOPHER JAMES BUCHANAN	Processed		message
	104049449	xxx-xx-6423	1808109	JACQUELINE RENEE TOWNSEND	Processed		
	104049454	xxx-xx-7285	1906630	PATRICK STEVEN THOMAS	Processed		
	104049446	xxx-xx-4365	1804064	COURTNEY NICOLE ALVARADO	Processed		
-	104049448	xxx-xx-3508	1541508	CALANDRA FREDAWN LEWIS	Processed		
1	04049442	xxx-xx-1227	1297946	MARTIN LEE REJCEK	Processed		
1	04049452	xxx-xx-9942	1552184	JOHN PAUL JIMENEZ	Processed		
1	04049458	xxx-xx-5820	1401095	PETRINA Y MOTEN	Processed		
1	04049439	xxx-xx-0816		VIVI ROGERS	Processed		
1	04049440	xxx-xx-8220	1669077	MARK ANTHONY DAVIS	Processed		
1	04049435	xx-xx-5328	2400118	DANIEL ALEN EDWARDS	Processed		
1	04049445 >	(xx-xx-3006	4//904	LAURA LASHUN VADEN	Processed		
1	04049453 x	xx-xx-3243		MELANIE KAYE GLINSKI	Processed		
11	04049444 x	xx-xx-6742		HERMAN WAYNE STORK	Processed		
11	04049438 x	xx-xx-9537		GRANT EVERETT GATES	Processed		
10	04049456 x	xx-xx-4132		KIMBERLY RACHEL VALENTIN	Processed		
10	04049443 x	xx-xx-6248		JOAN ELLEN BLANKENSHIP	Processed		

104049447 xxx-xx-7759 1831506 KATHRYN LOVE SHIRLEY Processed 104049450 xxx-xx-9616 1609738 JAIME VIELMA Processed 104049457 xxx-xx-7720 477263 SHERICE MONIQUE FISHER Processed 104049451 xxx-xx-5654 1348190 JANICE MARIE PATTERSON Processed
104049457 xxx-xx-7720 477263 SHERICE MONIQUE FISHER Processed 104049451 xxx-xx-5654 1348190 JANICE MARIE
104049451 xxx-xx-5654 1348190 JANICE MARIE
101010101
104049441 xxx-xx-3117 486255 LETICIA SORIA Processed
104049434 xxx-xx-5942 330921 REX KNIGHT LATHAM Processed
104049436 xxx-xx-6869 623482 BRIGETT JOLYNN Processed
104049437 xxx-xx-8392 1423231 ANGELA GAIL Processed
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Course Number: 10 Course Name: SMO	835 KE AND ODOR DAMAGE MITI	Offering Numb GATION	er (optional):
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT CHRISTOPHER JAME	S BUCHANAN	, 1812319
	(Name AS ON LICE	ENSE)	(License Number)
	ssfully completed on this da se of study has been filed a nce with its regulations.	ay the above co and approved by	urse of study for Continuing the Texas Department of
Course Completion D	ate: 11-19-2014		
The above Continuing	Education credits have be	en submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEA	N.		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-102	4 27		
LICENSEE must retain	n for at least four years.		
Prepared on:		11-	-21-2014

Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION				
Total Credit Hours:	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFI	ES THAT JACQUELINE RENEE TOW			
	(Name AS ON LICENSE	,		
Tadodion, This Coul	essfully completed on this day the rse of study has been filed and a ance with its regulations.	e above course of study for Continuing pproved by the Texas Department of		
Course Completion I	Date: 11-19-2014			
The above Continuin	ng Education credits have been s	submitted for official banking by:		
Provider Number: SERVICEMASTER CLE	:AN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10	334 027			
LICENSEE must reta	in for at least four years.			
Prepared on:		11-21-2014		

Course Number: 10835 Course Name: SMOKE A	Offering No ND ODOR DAMAGE MITIGATION	umber (optional):
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Clas	sroom	
THIS HEREBY CERTIFIES THA	PATRICK STEVEN THOMAS (Name AS ON LICENSE)	, <u>1906630</u> (License Number)
has taken and successful Education. This course of Insurance in accordance	ly completed on this day the above study has been filed and approve	re course of study for Continuing
Course Completion Date:	11-19-2014	
The above Continuing Edu	ucation credits have been submitte	ed for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain for	at least four years.	
Prepared on:		11-21-2014

Course Number: 10 Course Name: SMO	835 Offering N KE AND ODOR DAMAGE MITIGATION	lumber (optional):
Total Credit Hours:	3.0 , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIES	S THAT COURTNEY NICOLE ALVARADO	, 1804064
	(Name AS ON LICENSE)	(License Number)
Eddoddon, This Cours	ssfully completed on this day the above se of study has been filed and approve nce with its regulations.	re course of study for Continuing ed by the Texas Department of
Course Completion D	ate: 11-19-2014	
The above Continuing	Education credits have been submitt	ed for official banking by:
Provider Number: SERVICEMASTER CLEA	.N	
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-102	4 27	
LICENSEE must retain	n for at least four years.	
Prepared on:		11-21-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITIG	Offering Number (optional): GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT CALANDRA FREDAWN (Name AS ON LICEI	NSE) (License Number)
has taken and successfully completed on this day Education. This course of study has been filed ar Insurance in accordance with its regulations.	y the above course of study for Continuing nd approved by the Texas Department of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have been	en submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	11-21-2014

Course Number: 108 Course Name: SMO	335 Offering KE AND ODOR DAMAGE MITIGATION	Number (optional):
Total Credit Hours: 3	.0 , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIES	THAT MARTIN LEE REJCEK	1297946
	(Name AS ON LICENSE)	(License Number)
-aaoadon. 11113 00013	sfully completed on this day the abo e of study has been filed and approv ice with its regulations.	We course of study for Card
Course Completion Da	ate: 11-19-2014	
The above Continuing	Education credits have been submi	tted for official banking by:
Provider Number: SERVICEMASTER CLEAR	N	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-102	1 7	
LICENSEE must retain	for at least four years.	
Prepared on:		11-21-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITH	Offering Number (optional): GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JOHN PAUL JIMENEZ	
(Name AS ON LICE	
has taken and successfully completed on this da Education. This course of study has been filed a Insurance in accordance with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have be	een submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	11-21-2014

Course Number: 10 Course Name: SMC	0835 DKE AND ODOR DAMAGE MITI	Offering Numb GATION	er (optional):
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT PETRINA Y MOTEN		1401095
	(Name AS ON LICE	NSE)	(License Number)
= a a o a t o n . 11113 t o u ;	ssfully completed on this da se of study has been filed a nce with its regulations.	ay the above co and approved by	urse of study for Continuing the Texas Department of
Course Completion D	0ate: 11-19-2014		
The above Continuing	g Education credits have be	een submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEA	AN		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10			
LICENSEE must retai	n for at least four years.		
Prepared on:		11-	-21-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): FIGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT VIVI ROGERS	1263492
(Name AS ON LIC	(License Number)
has taken and successfully completed on this e Education. This course of study has been filed Insurance in accordance with its regulations.	day the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have t	peen submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	11-21-2014

Total Cradit Harray 2.0	
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MARK ANTHONY DAVIS,1669077	
(Name AS ON LICENSE) (License Number)	
has taken and successfully completed on this day the above course of study for Conti Education. This course of study has been filed and approved by the Texas Department Insurance in accordance with its regulations.	nuing it of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have been submitted for official banking by:	
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on: 11-21-2014	

Course Number: Course Name: SM		Offering Number (optional): ODOR DAMAGE MITIGATION	
Total Credit Hours:	: 3.0 , as follows		
General	3.0		
Course certified as:	: Classroom		
THIS HEREBY CERTIF	IES THAT DANIEL ALEN E		, 540018
		LICENSE)	(License Number)
Education. This Cou	essfully completed on t urse of study has been t lance with its regulation	filed and approved by	urse of study for Continuing the Texas Department of
Course Completion	Date: 11-19-2014		
The above Continuir	ng Education credits ha	ive been submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLI	EAN		
PO BOX 751027 FHI-13 MEMPHIS, TN 38175-1	834 1027		
LICENSEE must reta	ain for at least four yea	rs.	
Prepared on:		11.	-21-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITH	Offering Number (optional): IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LAURA LASHUN VAD	
(Name AS ON LIC	, , , , , , , , , , , , , , , , , , , ,
has taken and successfully completed on this d Education. This course of study has been filed a Insurance in accordance with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have b	een submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	11-21-2014

Course Number: 10835 Course Name: SMOKE AND ODO	Offering Number (optional): R DAMAGE MITIGATION
Total Credit Hours: 3.0 , as fo	ollows
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MELA (Name	ANIE KAYE GLINSKI , 1081622 ne AS ON LICENSE) (License Number)
has taken and successfully comp Education. This course of study h Insurance in accordance with its r	leted on this day the above course of study for Continuing has been filed and approved by the Texas Department of
Course Completion Date: 11-19-2	2014
The above Continuing Education	credits have been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least	t four years.
Prepared on:	11-21-2014

Course Number: 10835 Course Name: SMOKE AND	Offerion ODOR DAMAGE MITIGATION	ng Number (optional):
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT		
	(Name AS ON LICENSE)	(License Number)
has taken and successfully e Education. This course of st Insurance in accordance wit	udy has been filed and ap	above course of study for Continuing proved by the Texas Department of
Course Completion Date: 1	1-19-2014	
The above Continuing Educa	ation credits have been su	bmitted for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at	least four years.	
Prepared on:		11-21-2014

Course Number: 10835 Course Name: SMOKE	Offe AND ODOR DAMAGE MITIGATION	ring Number (optional): DN
Total Credit Hours: 3.0	, as follows	
General 3.	0	
Course certified as: Cla	assroom	
THIS HEREBY CERTIFIES T	HAT GRANT EVERETT GATES	_, 1712476
	HAT GRANT EVERETT GATES (Name AS ON LICENSI	(License Number)
has taken and successful Education. This course of Insurance in accordance	of study has been filed and a	e above course of study for Continuing approved by the Texas Department of
Course Completion Date	9: 11-19-2014	
The above Continuing E	ducation credits have been s	submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain fo	or at least four years.	
Prepared on:		11-21-2014

Course Number: 10 Course Name: SMC	0835 OKE AND ODOR DAMAGE MITI	Offering Number GATION	er (optional):
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT KIMBERLY RACHEL V		, 1553871
	(Name AS ON LICE	ENSE)	(License Number)
Education. This cour	ssfully completed on this do se of study has been filed a nce with its regulations.	ay the above co and approved by	urse of study for Continuing the Texas Department of
Course Completion [Date: 11-19-2014		
The above Continuing	g Education credits have be	een submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLE	AN		
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10			
LICENSEE must reta	in for at least four years.		
Prepared on:		11	-21-2014

Course Number: 10 Course Name: SMC	0835 DKE AND ODOR DAMAGE MIT	Offering Numbe	er (optional):
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	ES THAT JOAN ELLEN BLANK		, 1281156
	(Name AS ON LIC	ENSE)	(License Number)
Education, This cour	essfully completed on this described and study has been filed ance with its regulations.	lay the above co and approved by	urse of study for Continuing the Texas Department of
Course Completion [Date: 11-19-2014		
The above Continuin Provider Number: SERVICEMASTER CLE	g Education credits have b	een submitted fo	or official banking by:
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10	334		
LICENSEE must reta	in for at least four years.		
Prepared on:		11	-21-2014

Course Number: 1 Course Name: SM		Offering Number (optional): AND ODOR DAMAGE MITIGATION		
Total Credit Hours:	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	ES THAT KATHRYN LOVE SHIR		, 1831506	
	(Name AS ON LICE	ENSE)	(License Number)	
Education. This coul	essfully completed on this da rse of study has been filed a ance with its regulations.	ay the above co and approved by	urse of study for Continuing the Texas Department of	
Course Completion I	Date: 11-19-2014			
The above Continuin Provider Number: SERVICEMASTER CLE	ng Education credits have be	en submitted fo	or official banking by:	
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10				
LICENSEE must reta	nin for at least four years.			
Prepared on:		11	-21-2014	

Course Number: 10 Course Name: SMC	0835 DKE AND ODOR DAMAGE MITI	Offering Number (optional): IGATION
Total Credit Hours:	3.0 , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIE	S THAT JAIME VIELMA	1609738
	(Name AS ON LICE	ENSE) (License Number)
Eddodion, This Cours	ssfully completed on this da se of study has been filed a nce with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion D	Pate: 11-19-2014	
The above Continuing Provider Number:	g Education credits have be	een submitted for official banking by:
SERVICEMASTER CLEA	AN	
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10	34 27	
LICENSEE must retai	n for at least four years.	
^O repared on:		11-21-2014

	Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION		er (optional):
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:			
THIS HEREBY CERTIFIES	S THAT SHERICE MONIQUE F	ISHER	, 477263
	(Name AS ON LICE sfully completed on this da e of study has been filed a nce with its regulations.	y the above so	(License Number) urse of study for Continuing the Texas Department of
Course Completion Da	ate: 11-19-2014		
The above Continuing Provider Number: SERVICEMASTER CLEA	Education credits have be	en submitted fo	or official banking by:
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-102	4 ?7		
LICENSEE must retain	for at least four years.		
Prepared on:		11-	-21-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JANICE MARIE PATT	
(Name AS ON LIC	ENSE) (License Number)
has taken and successfully completed on this d Education. This course of study has been filed a Insurance in accordance with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 11-19-2014	
The above Continuing Education credits have b Provider Number: SERVICEMASTER CLEAN	een submitted for official banking by:
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	11-21-2014

Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION
Total Credit Hours: 3.0 , as follows
General 3.0
Course certified as: Classroom
THIS HEREBY CERTIFIES THAT LETICIA SORIA RANGEL , 486255 (Name AS ON LICENSE) (License Number)
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.
Course Completion Date: 11-19-2014
The above Continuing Education credits have been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027
LICENSEE must retain for at least four years.
Prepared on: 11-21-2014

Course Number: 108 Course Name: SMOK	35 Offering N E AND ODOR DAMAGE MITIGATION	Offering Number (optional): O ODOR DAMAGE MITIGATION		
Total Credit Hours: 3.	0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIES	THAT REX KNIGHT LATHAM	330921		
	(Name AS ON LICENSE)	(License Number)		
has taken and success Education. This course Insurance in accordance	sfully completed on this day the above of study has been filed and approve ce with its regulations.	ve course of study for Continuing ed by the Texas Department of		
Course Completion Da	te: 11-19-2014			
The above Continuing	Education credits have been submit	ted for official banking by:		
Provider Number: SERVICEMASTER CLEAN	J			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	7			
LICENSEE must retain	for at least four years.			
Prepared on:		11-21-2014		

Course Number: 10835 Course Name: SMOKE A	Offering Nur ND ODOR DAMAGE MITIGATION	mber (optional):
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Class	ssroom	
THIS HEREBY CERTIFIES TH	AT BRIGETT JOLYNN PATTERSON	, 623482
	(Name AS ON LICENSE)	(License Number)
has taken and successful Education. This course of Insurance in accordance	lly completed on this day the above f study has been filed and approved with its regulations.	course of study for Continuing by the Texas Department of
Course Completion Date:	11-19-2014	
The above Continuing Ed	lucation credits have been submitte	d for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain fo	r at least four years.	
Prepared on:		11-21-2014

Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION				
Total Credit Hours:	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT ANGELA GAIL BOOLE	:S	, 1423231	
	(Name AS ON LICE	ENSE)	(License Number)	
	ssfully completed on this da se of study has been filed a nce with its regulations.	ay the above co ind approved by	ourse of study for Continuing of the Texas Department of	
Course Completion D	ate: 11-19-2014			
The above Continuing	Education credits have be	en submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLEA	uN			
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-102	4 27			
LICENSEE must retain	n for at least four years.			
Prepared on:		11-	-21-2014	