Continuing Education Course Completions in the State of Texas

Confirmation				
Provider Course Course Cate ServiceType Request Date State Requestor	gory : Gen : CE : 09-0 : Tex	eral Course Completions 03-2014	STER CLEAN OR DAMAGE MITIGATION	
Confirmation ID	SSN NP	N Lic Nbr Name	Status Reference Error Message	
100161172	xxx-xx-7755	1662896 ANNA ROS LEVY	SE Processed	
100161168	xxx-xx-1227	1654600	The Last Name does not match the person identified by the License Number.	
100161170	xxx-xx-8776	1229534 LISA MARIE MUNOZ	E Processed	
100161167	xxx-xx-5413	DOROTHY 1795628 ANNE SCRUGGS	Processed	
100161166	xxx-xx-2857	1635788 ALEJANDR DOMINGUE	RA EZ Processed	
100161171	xxx-xx-3067	SCOTT 783990 EUGENE FISHER	Processed	
100161169	xxx-xx-3443	KATHRYN 1268113 FRANCIS WILSON	Processed	
Generate Certificates				
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Continuing Education Course Completions in the State of Texas

Confirmation

Provider 363747477 - SERVICEMASTER CLEAN

: 10835 - SMOKE AND ODOR DAMAGE MITIGATION Course

Course Category : General

ServiceType : CE Course Completions

Request Date : 09-03-2014 State : Texas

Requestor Lori H Hart

Confirmation SSN Reference Error NPN Lic Nbr Name Status Message

1654600 LINDA MARTINEZ Processed BARBOSA 100161309 xxx-xx-1227

Generate Certificates

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Course Number: 108 Course Name: SMOK	ourse Number: 10835 Offering Number (optional): ourse Name: SMOKE AND ODOR DAMAGE MITIGATION		
Total Credit Hours: 3	0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	S THAT ANNA ROSE LEVY		1662896
	(Name AS ON LIC	ENSE) (License Number)
Education. This cours	sfully completed on this on this on this one of study has been filed not with its regulations.		rse of study for Continuing he Texas Department of
Course Completion D	ate: 07-26-2014		
The above Continuing	g Education credits have l	peen submitted for	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:		09-	03-2014

Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION				
Total Credit Hours: 3	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT LISA MARIE MUNOZ		1229534	
	(Name AS ON LIC	CENSE)	(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 D	Date: 07-26-2014			
The above Continuin	g Education credits have	been submitted for	or official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	ain for at least four years.			
Prepared on:		0	9-03-2014	

Course Number: 10 Course Name: SMO	0835 DKE AND ODOR DAMAGE MITIO	Offering Numbe GATION	er (optional):	
Total Credit Hours:	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	ES THAT DOROTHY ANNE SCI	RUGGS	1795628	
	(Name AS ON LIC	ENSE)	(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 I	Date: 07-26-2014			
The above Continuir	ng Education credits have b	een submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	ain for at least four years.			
Prepared on:		0	9-03-2014	

Course Number: 10835 Offering Number (optional): Course Name: SMOKE AND ODOR DAMAGE MITIGATION				
Total Credit Hours: 3	3.0 , as follows			
General	3.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT ALEJANDRA DOMING	GUEZ	,1635788	
Education. This cour		day the above co	(License Number) urse of study for Continuing the Texas Department of	
Course Completion [Date: 07-26-2014			
The above Continuin	g Education credits have l	peen submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	ain for at least four years.			
Prepared on:		0	9-03-2014	

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 SCOTT EUGENE FISI	HER	783990	
	(Name AS ON LIC	ENSE)	(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: 07-26-2014			
The above Continuin	g Education credits have b	een submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	ain for at least four years.			
Prepared on:		0	9-03-2014	

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 KATHRYN FRANCIS	WILSON	, 1268113	
	(Name AS ON LIC		(License Number)	
Education. This cour			ourse of study for Continuing by the Texas Department of	
Course Completion [Date: 07-26-2014			
The above Continuin	g Education credits have b	een submitted	for official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	nin for at least four years.			
Prepared on:		ı	09-03-2014	

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	E S THAT LINDA MARTINEZ BA		1654600	
	(Name AS ON LIC	ENSE)	(License Number)	
Education. This cour	essfully completed on this d 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 [Date: 07-26-2014			
The above Continuin	ng Education credits have b	een submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLE	EAN			
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1				
LICENSEE must reta	ain for at least four years.			
Prepared on:		0	9-03-2014	