Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course : 10835 - SMOKE AND ODOR DAMAGE MITIGATION

Course Category : General

ServiceType : CE Course Completions

Request Date : 04-25-2014
State : Texas
Requestor : Lori H Hart

Confirmation ID	SSN	NPN	Lic Nbr	Name	Status	Reference ID	Error Message
94975443	xxx-xx-6381		487121	SHARON LEE BURROUGH	Processed		
94975444	xxx-xx-7377		1117550	SYLVIA M BROWN	Processed		
94975440	xxx-xx-5025			SHIRLEY JEAN GRAHAM WARE	Processed		
94975439	xxx-xx-5352		1092741	YOLANDA C ALVAREZ	Processed		
94975441	xxx-xx-0479		1674485	LEONARD ROY HEINZE	Processed		
94975442	xxx-xx-5237		1287195	LINDA LOU ROBINSON	Processed		
94975446	xxx-xx-2688		302094	KIMBERLY GAYLE ISBELL	Processed		
94975445	xxx-xx-7185		406378	JO AVALON LOWE	Processed		
Generate Certificates							
Continue Processing Main Menu							

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Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITIC	Offering Number (optional): 24844 GATION		
Total Credit Hours: 3.0 , as follows			
General 3.0			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT SHARON LEE BURRO			
(Name AS ON LICI	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: 04-24-2014			
The above Continuing Education credits have b	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:	04-25-2014		

Course Number: 10835 Course Name: SMOKE AND		per (optional): 24844
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT		_, _ 1117550
	(Name AS ON LICENSE)	(License Number)
	completed on this day the above of tudy has been filed and approved the its regulations.	
Course Completion Date: 0	04-24-2014	
The above Continuing Educ	cation 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 a	at least four years.	
Prepared on:		04-25-2014

Offering Number (optional): 24844

Course Number: 10835

Course Name: SMOKE AND	ODOR DAMAGE MITIGATION	
Total Credit Hours: 3.0 , General 3.0	as follows	
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	SHIRLEY JEAN GRAHAM WARE (Name AS ON LICENSE)	, <u>1445037</u> (License Number)
	completed on this day the above of tudy has been filed and approved th its regulations.	
Course Completion Date:	04-24-2014	
The above Continuing Educ	cation credits have been submitted	I for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain for a	at least four years.	
Prepared on:		04-25-2014

Offering Number (optional): 24844

Course Number: 10835

Course Name: SMOKE AND ODOR DAMAGE MITIGATION

tal Credit Hours: 3.0 , as follows eneral 3.0
urse certified as: Classroom
IS HEREBY CERTIFIES THAT YOLANDA C ALVAREZ , 1092741 (License Number)
s taken and successfully completed on this day the above course of study for Continuing ucation. This course of study has been filed and approved by the Texas Department of surance in accordance with its regulations.
urse Completion Date: 04-24-2014
e above Continuing Education credits have been submitted for official banking by:
ovider Number: ERVICEMASTER CLEAN
D BOX 751027 FHI-1834 EMPHIS, TN 38175-1027
CENSEE must retain for at least four years.
epared on: 04-25-2014

Offering Number (optional): 24844

Course Number: 10835

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 LEONARD ROY HEINZE	, 1674485		
(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: 04-24-2014			
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:	04-25-2014		

Course Number: 10835 Offering Course Name: SMOKE AND ODOR DAMAGE MITIGATION	Number (optional): 24844		
Total Credit Hours: 3.0 , as follows			
General 3.0			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT LINDA LOU ROBINSON	,1287195		
(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: 04-24-2014			
The above Continuing Education credits have been sub	mitted 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:	04-25-2014		

Course Number: 10835 Course Name: SMOKE AND ODOR D		er (optional): 24844	
Total Credit Hours: 3.0 , as follows:	ws		
General 3.0			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT KIMBER	RLY GAYLE ISBELL	, 302094	
	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: 04-24-20	14		
The above Continuing Education cr	redits 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:		04-25-2014	

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 24844 GATION		
Total Credit Hours: 3.0 , as follows			
General 3.0			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT JO AVALON LOWE	, 406378		
(Name AS ON LIC	(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: 04-24-2014			
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:	04-25-2014		