Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course : 10835 - SMOKE AND ODOR DAMAGE MITIGATION

: General

Course Category
ServiceType : CE Course Completions

Request Date : 07-12-2013 : Texas State Requestor : Lori H Hart

| Confirmation | SSN | NPN Lic Nbr | Name | Status | Reference ID | Error Message |
|-------------------------------|-------------|-------------|--------------------------------|-----------|-----------------|---|
| 83540821 | xxx-xx-4031 | 1496734 | ROBERTO ALVARADO | Processed | | message |
| 83540825 | xxx-xx-4228 | 336668 | DEBORA RUSSELL THOMAS | Processed | | |
| 83540818 | xxx-xx-5954 | 1369715 | ROBERT SHAWN BLACKMAN | Processed | | |
| 83540815 | xxx-xx-9616 | 1609738 | JAIME VIELMA | Processed | | |
| 83540816 | xxx-xx-3650 | 935556 | RICKY WAYNE HILL | Processed | | |
| 83540820 | xxx-xx-2509 | 1496859 | JAMES THOMAS COOK | Processed | | |
| 83540824 | xxx-xx-2584 | 1252489 | | Error | | The Last Name does not match the person identified by the License Number. |
| 83540826 | xxx-xx-6248 | 1281156 | JOAN ELLEN BLANKENSHIP | Processed | | |
| 83540817 | xxx-xx-5809 | 1485884 | YADIRA ALVARADO | Processed | | |
| 83540822 | xxx-xx-4776 | 1210370 | JANICE BICKFORD MCCARTER | Processed | | |
| 83540819 | xxx-xx-4252 | 1589305 | MAUREEN CRAFT PITTMAN | Processed | | |
| 83540823 | xxx-xx-0312 | 883241 | CHARLENE HEDRICK | Processed | | |
| Generate Certificates | | | | | | |
| Continue Processing Main Menu | | | | | | |
| | - | | | | | |

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Provider

: 363747477 - SERVICEMASTER CLEAN

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: General

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Request Date

: 07-12-2013

State

: Texas

Requestor

: Lori H Hart

Confirmation

83540955

SSN

NPN Lic Nbr Name

Status

Reference Error Message

ID

xxx-xx-2584

1252489 ZACK MZEE OGUR

Processed

Generate Certificates

Continue Processing

Main Menu

Home | Help | News Releases | FAQ | State Information | NAIC Information

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| Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITIC | Offering Number (optional): 20477 GATION |
|---|---|
| Total Credit Hours: 3.0 , as follows | |
| General 3.0 | |
| | |
| Course certified as: Classroom | |
| THIS HEREBY CERTIFIES THAT ROBERTO ALVARAD (Name AS ON LIC | O , 1496734 |
| has taken and successfully completed on this c Education. This course of study has been filed Insurance in accordance with its regulations. | ay the above course of study for Continuing |
| Course Completion Date: 07-10-2013 | |
| The above Continuing Education credits have be | 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: | 07-12-2013 |

| Course Number: 10835 Offering Number (optional): 20477 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 DEBORA RUSSELL T | | , <u>336668</u> (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 | ate: 07-10-2013 | | |
| The above Continuing | g Education credits have b | een submitted f | or official banking by: |
| Provider Number: SERVICEMASTER CLEA | AN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10 | | | |
| LICENSEE must reta | in for at least four years. | | |
| Prepared on: | | 0 | 7-12-2013 |

Course Number: 10835 Offering Number (optional): 20477 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 ROBERT SHAWN BLACKMAN (Name AS ON LICENSE) 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: 07-10-2013 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: 07-12-2013

| Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITIG | Offering Number (optional): 20477 GATION |
|--|---|
| Total Credit Hours: 3.0 , as follows | |
| General 3.0 | |
| Course certified as: Classroom | |
| THIS HEREBY CERTIFIES THAT JAIME VIELMA | , 1609738 |
| (Name AS ON LIC | ENSE) (License Number) |
| has taken and successfully completed on this of Education. This course of study has been filed Insurance in accordance with its regulations. | |
| Course Completion Date: 07-10-2013 | |
| The above Continuing Education credits have be | 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: | 07-12-2013 |

| Course Number: 10835 Offering Number (optional): 20477 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 RICKY WAYNE HILL (Name AS ON LIC | ENSE) 935556 (License Number) | |
| has taken and successfully completed on this of Education. This course of study has been filed Insurance in accordance with its regulations. | | |
| Course Completion Date: 07-10-2013 | | |
| The above Continuing Education credits have I | 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: | 07-12-2013 | |

| Course Number: 10835 Offering Number (optional): 20477 Course Name: SMOKE AND ODOR DAMAGE MITIGATION | | | |
|--|--------------------------------------|---------------------------------|-----------|
| Total Credit Hours: 3.0 | , as follows | | |
| General 3.0 | | | |
| Course certified as: Classi | room | | |
| THIS HEREBY CERTIFIES THA | JAMES THOMAS COOK (Name AS ON LICENS | , <u>1496859</u> (License Nu | umber) |
| has taken and successfully Education. This course of s Insurance in accordance w | study has been filed and | | |
| Course Completion Date: | 07-10-2013 | | |
| The above Continuing Edu | cation credits have been | submitted for official bar | nking by: |
| Provider Number: SERVICEMASTER CLEAN | | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | | |
| LICENSEE must retain for | at least four years. | | |
| Prepared on: | | 07-12-2013 | |

| Course Number: 10835 Offering Number (optional): 20477 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 JOAN ELLEN BLANKI (Name AS ON LIC | | |
| has taken and successfully completed on this c Education. This course of study has been filed Insurance in accordance with its regulations. | | |
| Course Completion Date: 07-10-2013 | | |
| The above Continuing Education credits have be | 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: | 07-12-2013 | |

| Course Number: 10835 Offering Number (optional): 20477 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 YADIRA ALVARADO | , 1485884 | |
| (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. | | |
| Course Completion Date: 07-10-2013 | | |
| 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: | 07-12-2013 | |

| Course Number: 10835 Offering Number (optional): 20477 Course Name: SMOKE AND ODOR DAMAGE MITIGATION | | |
|--|---|--------------------------------------|
| Total Credit Hours: 3.0 | , as follows | |
| General 3.0 | | |
| Course certified as: Classi | room | |
| THIS HEREBY CERTIFIES THAT | JANICE BICKFORD MCCARTER (Name AS ON LICENSE) | , <u>1210370</u> (License Number) |
| | completed on this day the above of completed on this day the above of study has been filed and approved with its regulations. | |
| Course Completion Date: | 07-10-2013 | |
| The above Continuing Edu | 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 | at least four years. | |
| Prepared on: | | 07-12-2013 |

| Course Number: 10835 Offering Number (optional): 20477 Course Name: SMOKE AND ODOR DAMAGE MITIGATION | | | |
|--|--|--|--|
| otal Credit Hours: 3.0 , as follows | | | |
| General 3.0 | | | |
| Course certified as: Classroom | | | |
| HIS HEREBY CERTIFIES THAT MAUREEN CRAFT PITTMAN , 1589305 (Name AS ON LICENSE) (License Number) | | | |
| as taken and successfully completed on this day the above course of study for Continuing ducation. This course of study has been filed and approved by the Texas Department of insurance in accordance with its regulations. | | | |
| Course Completion Date: 07-10-2013 | | | |
| he above Continuing Education credits have been submitted for official banking by: | | | |
| rovider Number: SERVICEMASTER CLEAN | | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | | |
| ICENSEE must retain for at least four years. | | | |
| repared on: 07-12-2013 | | | |

| Course Number: 10835 Offering Number (optional): 20477 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 CHARLENE HEDRIC (Name AS ON LIC | | |
| has taken and successfully completed on this education. This course of study has been filed Insurance in accordance with its regulations. | | |
| Course Completion Date: 07-10-2013 | | |
| 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. | a | |
| Prepared on: | 07-12-2013 | |

| Course Number: 10835 Offering Number (optional): 20477 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 ZACK MZEE OGUR | | |
| (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: 07-10-2013 | | |
| 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: | 07-12-2013 | |