Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course : 91329 - Understanding Subrogation Reporting on Mitigation Claims

Course Category : General

: CE Course Completions ServiceType

Request Date : 08-29-2014 State : Texas Requestor : Lori H Hart

	Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message	
	99995470	xxx-xx-4784	1798868	KATRINA N HOBBS	Processed			
	99995477	xxx-xx-4004	1397922	KRISTINA LEE HOPKINS	Processed			
	99995476	xxx-xx-3966	1585569	MONICA MARIA WALKER	Processed			
	99995473	xxx-xx-6094	1930709	CALLIE FORD	Processed			
	99995478	xxx-xx-1016	1552995	TIMELL BREE MCMURRY	Processed			
	99995481	xxx-xx-4659	1546420	SUSAN MITCHELL GREGORY	Processed			
	99995475	xxx-xx-3579	1689745	BONNIE JEAN SOUCY	Processed			
	99995469	xxx-xx-6879	1906084	AMANDA BENTLEY	Processed			
	99995474	xxx-xx-7550	1906558	TORI SUTTON	Processed			
İ	99995471	xxx-xx-4609	1437212	BETHANY LYNN DAFIR	Processed			
	99995472	xxx-xx-5698	1906510	MANDELL WEAVON LEWIS	Processed			
	99995479	xxx-xx-4438	1907921	NATHAN SHATTUCK	Processed			
			Gen- Continue Pro	pcessing Ma	in Menu			

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Course Number: 913 Course Name: Under	329 rstanding Subrogation Reporting		er (optional): 26655 ms	
Total Credit Hours: 1	l.0 , as follows			
General	1.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT KATRINA N HOBBS		1798868	
	(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 D)ate: 08-28-2014			
The above Continuing	g Education credits have b	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:		0	8-29-2014	

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours:	1.0 , as follows			
General	1.0			
Course certified as:	Classroom			
THIS HEREBY CERTIFIE	S THAT KRISTINA LEE HOPP	(INS	1397922	
	(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 [Oate: 08-28-2014			
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 38175-10				
LICENSEE must reta	in for at least four years.			
Prepared on:		0	8-29-2014	

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours: 1.0 , as follows				
General 1.0				
Course certified as: Classroom				
THIS HEREBY CERTIFIES THAT MONICA MARIA WALF	KER , 1585569 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: 08-28-2014				
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:	08-29-2014			

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims					
Total Credit Hours: 1.0	, as follows				
General 1.0					
Course certified as: Class	room				
THIS HEREBY CERTIFIES THAT			1930709		
	(Name AS ON LICE	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:	08-28-2014				
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:		0	8-29-2014		

Course Number: 91329 Course Name: Understanding Subrogation Reporting	Offering Number (optional): 26655 g on Mitigation Claims			
Total Credit Hours: 1.0 , as follows				
General 1.0				
Course certified as: Classroom				
THIS HEREBY CERTIFIES THAT TIMELL BREE MCMU	RRY 1552995			
(Name AS ON LIC				
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: 08-28-2014				
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:	08-29-2014			

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours: 1.0 ,	as follows			
General 1.0				
Course certified as: Classro	om			
THIS HEREBY CERTIFIES THAT	SUSAN MITCHELL GREGORY	1546420		
	SUSAN MITCHELL GREGORY (Name AS ON LICENSE)	(License Number)		
	completed on this day the above udy has been filed and approved h its regulations.			
Course Completion Date: 0	8-28-2014			
The above Continuing Educa	ation credits have been submitted	d for official banking by:		
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for a	t least four years.			
Prepared on:		08-29-2014		

Course Number: 91329 Course Name: Understanding Subrogation Reporting	Offering Number (optional): 26655 g on Mitigation Claims				
Total Credit Hours: 1.0 , as follows					
General 1.0					
Course certified as: Classroom					
THIS HEREBY CERTIFIES THAT BONNIE JEAN SOUC	Y , 1689745				
(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: 08-28-2014					
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:	08-29-2014				

Offering Number (optional): 26655

Course Number: 91329

Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours: 1.0 General 1.0	, as follows			
Course certified as: Class	sroom			
THIS HEREBY CERTIFIES THA	AT AMANDA BENTLEY	1906084		
THIS HEREBY CERTIFIES THE	(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: 08-28-2014				
The above Continuing Edu	ucation credits have been submitted	d 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:		08-29-2014		

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours: 1.0 , as follows				
General 1.0				
Course certified as: Classroom				
THIS HEREBY CERTIFIES THAT TORI SUTTO	ON 1906558			
(Name AS	ON LICENSE) , 1906558 (License Number)			
	on this day the above course of study for Continuing en filed and approved by the Texas Department of tions.			
Course Completion Date: 08-28-2014				
Provider Number:	s have been submitted for official banking by:			
SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for at least four	years.			
Prepared on:	08-29-2014			

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims					
Total Credit Hours: 1.0 , as follows General 1.0					
Course certified as: Classroom					
THIS HEREBY CERTIFIES THAT BETHANY LYNN DAFIR , 1437212 (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: 08-28-2014					
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: 08-29-2014					

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims				
Total Credit Hours: 1.0 , as follows General 1.0				
Course certified as: Classroom				
THIS HEREBY CERTIFIES THAT MANDELL WEAVON LEWIS , 1906510 (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: 08-28-2014				
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: 08-29-2014				

Course Number: 91329 Offering Number (optional): 26655 Course Name: Understanding Subrogation Reporting on Mitigation Claims		
Total Credit Hours: 1.0 , as	s follows	
General 1.0		
Course certified as: Classroom	n	
THIS HEREBY CERTIFIES THAT N	ATHAN SHATTUCK	, 1907921
	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: 08-28-2014		
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:	C	08-29-2014