



# Texas Department of Insurance

## Licensing Division, Renewals, Appointments & Continuing Education

Mail Code 107-1A • 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104  
512-322-3503 telephone • 512-490-1054 fax • [www.tdi.state.tx.us](http://www.tdi.state.tx.us)

### REQUEST for banking of ASSOCIATION CREDIT ACCEPTED BY TDI See 28 Texas Administrative Code § 19.1011(f)(g) and § 19.1020

Holders of National Professional Designations may claim credit for reviewing educational materials from the National Designation Sponsor or attendance at educational presentations of the National Designation Sponsor. Current members of state or national insurance associations may claim credit for reviewing educational materials from the state or national insurance association or attendance at educational presentations of the state or national insurance association.

Up to two hours may be claimed for reviewing educational materials. Up to four hours may be claimed for attendance at presentations. The content must be insurance or insurance-related.

A maximum of four hours total may be claimed once per licensing cycle. File when you have earned all four hours or when you are about to renew and can't earn any more. **The hours claimed, no matter how earned, count toward the licensee's required Continuing Education as Self-Study credit.**

Texas Association C.E. credit requested by: \_\_\_\_\_  
PRINT CLEARLY PLEASE (Licensee Name)

\_\_\_\_\_  
(City) TX (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_  
(Licensee's Telephone Number)

\_\_\_\_\_  
(TDI License Number)

(Licensee's E-mail Address) \_\_\_\_\_

Current member of: \_\_\_\_\_

Holder of National Professional Designation: \_\_\_\_\_

Publications reviewed or educational presentations attended (Please be specific. May continue on another page)	Reviewing/Attending Hours	Date
-----		
-----		

I affirm that I hold the above National Designation or am a member in good standing of the above state or national association and have completed at least the hours claimed in the named activities.

\_\_\_\_\_  
Signature of License Holder

\_\_\_\_\_  
Date