

“Ordering Checklist”

“LONG-TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING”

In order to successfully register and complete this Long Term Care self study course you must mail or fax ALL of the following items to us:

**____ ONLINE COURSE REGISTRATION FORM WITH
PAYMENT OR PAYMENT INFORMATION**

____ LTC EXAM ANSWER SHEET, SIGNED

**____ COURSE COMPLETION
AND CERTIFICATION REQUEST**

EXAMINATION ANSWER SHEET-(ACCESSED ONLINE @dohrnit.com)

(MUST BE COMPLETED AND RETURNED FOR GRADING AND COURSE CERTIFICATION)

(Passing score is 70% correct: 28 of 40 questions must be answered correctly)

PLEASE INDICATE YOUR ANSWER BY USING A PENCIL AND MARKING AN "X" THROUGH THE LETTER (A, B, C, D) WHICH YOU HAVE SELECTED AS THE CORRECT ANSWER

NAME _____ SIGNATURE _____ SS# _____

(PRINT)

**“LONG-TERM CARE PARTNERSHIP INSURANCE
REQUIRED TRAINING”**

- | | | | |
|-------------|-------------|-------------|-------------|
| 1) A B C D | 11) A B C D | 21) A B C D | 31) A B C D |
| 2) A B C D | 12) A B C D | 22) A B C D | 32) A B C D |
| 3) A B C D | 13) A B C D | 23) A B C D | 33) A B C D |
| 4) A B C D | 14) A B C D | 24) A B C D | 34) A B C D |
| 5) A B C D | 15) A B C D | 25) A B C D | 35) A B C D |
| 6) A B C D | 16) A B C D | 26) A B C D | 36) A B C D |
| 7) A B C D | 17) A B C D | 27) A B C D | 37) A B C D |
| 8) A B C D | 18) A B C D | 28) A B C D | 38) A B C D |
| 9) A B C D | 19) A B C D | 29) A B C D | 39) A B C D |
| 10) A B C D | 20) A B C D | 30) A B C D | 40) A B C D |

IMPORTANT: If you intend to market Long Term Care insurance, you must have an Accident & Health producer

license in Illinois AND SUCCESSFULLY COMPLETE THIS COURSE. **DO NOT SEND THIS EXAM FOR GRADING UNLESS YOU HAVE AN ILLINOIS PRODUCER LICENSE. CONTINUING EDUCATION CREDIT CANNOT BE GRANTED UNLESS YOU ARE FIRST LICENSED.** If you submit this exam for grading and certification before being licensed, you cannot market LTC insurance for three years. **IT IS YOUR RESPONSIBILITY TO KNOW WHETHER OR NOT YOU ARE LICENSED AND QUALIFY TO RECEIVE CREDIT FOR THIS COURSE, NOT OURS.**

DOHRN INSURANCE TRAINING, INC.

ONLINE COURSE REGISTRATION FORM

(Only to be used when accessing our LTC course from our website, www.dohrnit.com)

REGISTRATION FORM (please reproduce this form for group orders)

"LONG-TERM CARE PARTNERSHIP INSURANCE
REQUIRED TRAINING" (8 hrs CE) \$37.00

Providing 8 hours of continuing education credit as mandated by Illinois Law, The Illinois Division of Insurance and the Deficit Reduction Act of 2005. Course is certified by Illinois Division of Insurance

NAME _____ Bus. _____ Firm _____ SS# _____

STREET _____ CITY _____ ST _____ ZIP _____

Daytime Phone (very important): () _____

TOTAL AMOUNT \$ _____ IF PAYMENT IS BY MONEY ORDER: M.O. _____
(Sorry, checks are not accepted as payment)

CREDIT CARD INFORMATION - Bill my account for the total amount shown above

CREDIT CARD NUMBER _____ EXP. DATE _____
MO. / YEAR

CARDHOLDER NAME _____
(PRINT) Cardholder Signature

If Credit card billing address is different than the shipping address above, you must provide below:

Card Billing
Street Address: _____ City _____ St. _____ Zip _____

(NOTE: Billing address for the credit card used must match when we authorize your payment electronically otherwise there we are charged an additional fee. Please help to hold course costs down by giving us accurate credit card billing address information on this order form. THANK YOU!

2 WAYS 1) Complete this form, enclose payment and **MAIL** to : DOHRN INSURANCE TRAINING, INC.
8517 W. GRAND AVE., UNIT C,
RIVER GROVE, IL. 60171
TO 2) COMPLETE AND **FAX** ORDER FORM WITH CREDIT CARD INFO:1-847-455-1153
REGISTER

"LONG-TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING" is an 8 hour Continuing Education course which must be completed, AFTER A PRODUCER HAS OBTAINED A PRODUCER LICENSE (AN ACCIDENT & HEALTH LICENSE is REQUIRED, in order to sell Long Term Care insurance policies). This LTC Course #25008 is currently a once in a lifetime course requirement. This course is only offered only as a self study program. All standard course refund and cancellation policies of Dohrn apply to this course, are available on this website: www.dohrnit.com, for examination and are incorporated by reference herein. Our refund and cancellation will be mailed or faxed to you upon request.

COURSE COMPLETION LETTER REQUEST

FOR "LONG-TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING"

Course Number 25008

Completed with DOHRN ONLINE Manual.

MY NAME IS: (PRINT clearly) _____

I am completing the above named course program and I am also submitting a completed and signed exam answer sheet and registration form with payment

❶ this page and

❷ ONLINE COURSE REGISTRATION FORM WITH PAYMENT OR PAYMENT INFORMATION

AND

❸ EXAM ANSWER SHEET (FOR EACH LINE), SIGNED

FAX ALL THREE PAGES to: 847-455-1153

(Or mail to: Dohrn Insurance Training, Inc., 8517 W. Grand Avenue, River Grove, IL 60171)

I have enclosed the above information with payment and request that DOHRN grade my exam(s) and certify my completion to the Illinois Division of Insurance and MAIL MY COMPLETION LETTER for my records to

Street _____

City _____ St _____ Zip _____

I understand that my course completion will be processed promptly unless I have paid by check (payment by check will delay course certification for two weeks from the date of exam receipt). I also understand that no certification will be processed if I fail the attached nonsupervised exam and that no refund of fees will be available if I do not pass the nonsupervised exam. If I fail I understand that I will not receive any course credit and that I may not be able to market Long Term Care insurance for at least three years. Passing is 70% correct response or 28 correct out of the 40 questions that comprise the NONSUPERVISED EXAM for this course.

SIGNED _____ DATE _____