Reset Form

VERIFICATION OF AGENT TRAINING

State Form 39287 (R6 / 3-09)

INDIANA COMMISSION ON PROPRIETARY EDUCATION

Name of applicant agent	
Name and location of institution	Date submitted (*month, day, year*)

TYPE OF TRAINING RECEIVED BY THE APPLICANT AGENT:

1. Classroom? ☐ Yes ☐ No

(a) Give number of hours of classroom training:

2. Field training? ☐ Yes ☐ No

(a) Give number of hours field training:

(b) Name of individual who supervised training:

(c) Give explicit description of the field training:

3. Indiana Code 21-17 and Rules and Regulations? ☐ Yes ☐ No

(a) Number of hours in training:

4. Course content? ☐ Yes ☐ No

(a) Number of hours in training on course content:

5. Total hours of training received prior to submission of this form:

I hereby swear or affirm that the information supplied on this form is true.

Signature of applicant	Date (*month, day, year*)

STATE OF _____

SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ , _____.

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (*month, day, year*)

The undersigned hereby certifies that the applicant agent has been thoroughly trained and understands Indiana Code 21-17, the Rules and Regulations of the Indiana Commission on Proprietary Education and the correct appeal procedures in the event of agent license suspension. (*Reference 570* IAC 1-5-4).

Signature of training supervisor	Date (*month, day, year*)
Printed name of training supervisor	Official capacity

STATE OF _____

SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ , _____.

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (*month, day, year*)