

This Certificate is Awarded to

Attendee Signature: _____

Attendee Name: _____

**by the California Association of Health Underwriters
in recognition of successful completion of:**

Credit Hours: 1

Course Number: 190578

Course Title: Improving California's Healthcare Systems

Speaker: Neil R Crosby

Date: 11/13/2008

Location: Doubletree Hotel
2001 Point West Way
Sacramento, CA 95815

Time: 1300 to 1400

Instructor's Signature: _____

Provider's Number: 19858

Provider's Signature: _____

Submission of false or fraudulent certificates of completion to the Insurance Commissioner may result in denial of license application and/or suspension or revocation of issued licenses. Certificates should be retained by the student for five (5) years

Payment in full is required before credit will be granted. Returned checks or declined credit cards will result in no credit being granted for the course. In addition a \$10 processing charge will be assessed. PESC will appear as the merchant for credit card processing