Bryant & Stratton is proud to offer the NYHBE Individual Exchange Certification CE course (Approval No. NYIX/C-238501). This is an 8 credit, instructor led in-classroom “Bridge” course. It includes 7 hours of instruction, a 1 hour lunch break, and a 1 hour mandatory exam. The exam is a 50 question multiple choice exam and must be passed with a 70% or higher in order to receive your certificate. This course will fulfill the pre-requisite for a producer to sell, solicit, or negotiate accident and health insurance through the NYHBE Individual Exchange. Please Note: You must have completed the SHOP Exchange Certification Course in order to qualify for the Individual Exchange Certification.

COURSE FEE: $119.00

COURSE LOCATION: 8687 Carling Road, Liverpool, NY 13090

Individual CE Class Schedule

January 2014
- Friday, January 17: 8:30am – 5:30pm

February 2014
- Friday, February 21: 8:30am – 5:30pm

March 2014
- Wednesday, March 19: 8:30am – 5:30pm

Registration is on a first come, first serve basis. Payment in advance is required to guarantee a seat. Please select only one class date. We reserve the right to cancel classes and change scheduling. Please contact Brian Curtis with any questions at bcurtis@bryantstratton.edu or 315-622-7430 ext. 270, fax 315-622-7435

Name: _______________________________ DOB: __________  Class Date: ______________
Insurance License #:________________________  E-Mail Address: ___________________________
Home Address: __________________________________________________________
City, State: ____________________________ Zip: ______________________
Home Phone: __________________________  Cell: _______________________
Business Name: __________________________
Business Address: __________________________________________________________
City, State: ____________________________ Zip: ______________________
Business Phone: __________________________

*REFUND AND CANCELLATION POLICY*

Once you have paid for the course the charge is NON-REFUNDABLE. If you should need to cancel your registration after payment you will have the ability to use your credit for the same course at a later date. We reserve the right to cancel courses with a full refund, change schedules, locations and facilitators when necessary.

**I have read and I understand the Refund and Cancellation Policy, Signature: __________________________

* Payment *

Course fee must be paid at the time of registration.

Check or money order enclosed (Payable to Bryant & Stratton College)

_____ VISA  _____ MASTERCARD  _____ AMEX  _____ DISCOVER

Card Number: ___________________________ Expiration Date: __________

Signature: _____________________________ *** V# (LAST 3 DIGITS ON BACK OF CARD) ____________

Bryant & Stratton College does not discriminate on the basis of age, race, color, creed, disability, marital status, veteran status, national origin or gender in the educational programs and activities which it operates.