



CIMA Credit for Insurance Continuing Education (CE) Exam Request Form

Student Name: _____

CIMA License Number (required): _____

Email address: _____

Completion Information:

Insurance CE Certification Exam Completed*:	Date Exam Completed:	Fee: \$3 each

*Please Note: NOT all Kaplan Courses are approved for CIMA Credit. **Total:** _____

Fees: Please include \$3.00 for each certificate.

Payment Methods:

Check or Money Order, make payable to Kaplan Financial Education and mail to Kaplan at:
Kaplan Financial Education
Attn: Grading and Regulatory Dept
332 Front Street South, Suite 555
La Crosse, WI 54601

-OR-

Credit card payments may be faxed to (608) 779-0442
or called into Customer Service at phone number (800) 824-8742.

Type (check one): Visa / Mastercard / Discover / American Express

Credit Card #: _____ - _____ - _____ - _____ Exp Date: _____

Card Billing Address: _____

Order # (Internal use only): _____

Cardholder's Name (Print): _____

Authorized Signature: _____