

LTCl Indiana, LLC

2017 Continuing Education Classes

Provider: LTCl Indiana, LLC, (317) 782-3222 or Fax (317) 530-0073

Instructor: Mary Ann Hack

LTC CE:

8-hour basic LTC, "Long Term Care & Insurance" – Time 9:00 a.m. to 5:30 p.m. with ½ hour lunch break, lunch will be provided.

7-hour Partnership, "Indiana LTCl Partnership Program" - Time 9:00 a.m. to 4:30 p.m.

An 8-hour Basic LTC class must be taken PRIOR TO attending a Partnership class.

5-hour "LTC Renewal" – Time 9:00a.m. to 1:30 p.m. (no lunch break)

5-hour "Medicare, Med Supps, & LTC Insurance" – Time 9:00am to 1:30pm (no lunch break)

Ethics CE:

3-hour "Ethics & Long Term Care Insurance" – Time 9:00 a.m. to 12:00 p.m.

This class applies to Ethics CE requirements only.

To Register: If you wish to attend any of the scheduled **2017** Continuing Education Classes, please complete and return the Registration Form along with payment, or register and pay online at www.LTClindiana.com

A space will be reserved only upon receipt of a registration form and payment.

Please, no walk-ins without prior permission. We reserve the right to cancel any class, if necessary. Anyone pre-registered would be moved to another class date of your choice or advanced registration fees would be refunded upon request.

****Location****

MainSource Bank

8740 S. Emerson Ave.

Indianapolis IN 46237

Directions: Take I-65 to exit 101, County Line Road, turn west on County Line Road to the first stop light (Emerson Ave.) Turn right (north) on Emerson and go one block. MainSource Bank will be on your left, across from the new Super Kroger. **Entrance to the class room is on the north side of the building and the door will be opened at 8:50 a.m.**

Return completed registration form with your payment to:

LTCI Indiana, 129 North Front Street, Whiteland IN 46184

REGISTRATION FOR 2017 CONTINUING EDUCATION CLASSES

ALL of this information MUST be completed to report CE credits to DOI database

Name _____ (as it appears on license)

Home Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Birthdate _____ Insurance License # _____ Exp. Date _____

CLASS FEES: Checks/money orders should be made payable to: LTCI Indiana, LLC

8-hour "Long Term Care & Insurance"	\$100.00	\$ _____
7-hour "Indiana LTCI Partnership Program"	\$100.00	\$ _____
5-hour "Long Term Care Renewal"	\$ 75.00	\$ _____
5-hour "Medicare, Med Supps. & LTC Ins.)	\$ 75.00	\$ _____
3-hour "Ethics & LTC Insurance"	\$ 50.00	\$ _____
	Total	\$ _____

CIRCLE DATES of classes you are registering to attend:

<u>8-hr. Basic</u>	<u>7-hr. Partnership</u>	<u>5-hr. Renewal</u>	<u>5-hr Med, MS,&LTCI</u>
February 22	March 1	January 25	March 22
April 5	April 12	May 3	July 12
June 7	June 14	August 9	November 8
September 6	September 13	October 25	
	November 29	December 13	

3-hr Ethics:

February 1	May 10
August 23	November 1