



**NORTH CAROLINA
DEPARTMENT OF INSURANCE**
MIKE CAUSEY, COMMISSIONER

**North Carolina Department of Insurance
Continuing Education Program**

Request for Continuing Education Extension

Licensee Name: _____

National Producer Number (NPN) _____

Licensee Signature: _____

Date: _____ Email: _____

- Extension requests will be accepted **no sooner** than 30 days before the end of a licensee’s compliance period and must be received by Prometric no later than the last day of your compliance period.
- Requests must be accompanied by a nonrefundable check or credit card authorization for the **\$75.00 fee**. Make checks payable to Prometric.
- Allow 7-10 days for processing. Notification will be sent to the email address listed above when extension is processed.
- Extensions will be for 30 days. The extension **does not** extend the end of the next compliance period.
- Requests with credit card authorizations may be faxed to 800.735.7977.

Credit Card Authorization for \$75.00

Card Number: _____

Card Type (circle) Amex Visa MasterCard

Name on Card: _____

Expiration Date: ____ / ____

Phone Number: _____

**Prometric Operations Center
Attn: Continuing Education Processing
7941 Corporate Drive
Nottingham, MD 21236**

Phone: **866.241.3121**
Email: ceprocessing@prometric.com
Web Site: www.prometric.com