

Licensing Division  
 50 W. Town St., 3rd Fl.  
 Suite 300  
 Columbus, OH 43215  
 (614) 644-2665  
 Fax # (614) 387-0051  
 www.insurance.ohio.gov

## Ohio Department of Insurance

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



### Pre-Licensing Education Student Registration Form

Provider Name: Morton - Barber Learning Center	Provider ID#: #5421 #5422	
COURSE TYPE:		
<input checked="" type="checkbox"/> Life	<input type="checkbox"/> Property	<input type="checkbox"/> Personal
<input type="checkbox"/> Accident & Health	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety Bail Bond

Location of Classroom Course:	Dates/Hours:	Instructor(s):
6827 N. High St., Ste. 10 Worthington, Ohio 43085	Mon. - Wed. 8AM - 5PM Fri 5-9, Saturday 8-5	John C. Barber Jr., Patrick Morton Martin Bretz, CLU, ChFC

Study Materials: (A) Textbook Title: Life Workbook  
 Author & Edition: Patrick R. Morton, 2017

(B) Ohio Bulletin & Course Outline

(C) Other (explain): Flashcards/DVD/Practice Tests, Concepts/Tests

(D) The Text and other materials will be the property of:  Student  Provider

Self-Study Offering:

Date Study Material Purchased: \_\_\_\_\_

Exam Method:  Paper  Electronic

Exam Location: 6827 N. High St., Ste.10, Worthington, Ohio 43085

School Fees: Tuition \$ 275.00 Study Material \$ 0.00 Other \$ 0.00  
 Explanation of other fees \_\_\_\_\_

**Please note the school tuition and fee refund policy is attached.**

<u>John C Barber</u> Authorized Provider Personnel Signature	Date
John C. Barber, Jr. Provider Personnel Name (Print or type)	President Title

**TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature Required**  
 (Please Print)

Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

THE PROVIDER MUST PROVIDE A COPY OF THE COMPLETED FORM TO THE STUDENT. THE PROVIDER MUST MAINTAIN ORIGINAL REGISTRATION FORM FOR 4 YEARS.



**Pre-Licensing Education Student Registration Form**

Provider Name: Morton - Barber Learning Center	Provider ID#: #5421
COURSE TYPE: <input checked="" type="checkbox"/> Life <input type="checkbox"/> Property <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Accident & Health <input type="checkbox"/> Casualty <input type="checkbox"/> Surety Bail Bond	

Location of Classroom Course:	Dates/Hours:	Instructor(s):
6827 N. High St., Ste. 10 Worthington, Ohio 43085	Mon. - Fri 8AM - 5PM Fri 5-9, Sat, Sun 8-5	John C. Barber Jr., Patrick Morton Martin Bretz, CLU, ChFC

Study Materials: (A) Textbook Title: Life, Accident & Health Workbook  
 Author & Edition: Patrick R. Morton, 2017

(B) Ohio Bulletin & Course Outline

(C) Other (explain): Flashcards/DVD/Practice Tests, Concepts/Tests

(D) The Text and other materials will be the property of:  Student     Provider

Self-Study Offering:  
 Date Study Material Purchased: \_\_\_\_\_  
 Exam Method:     Paper     Electronic  
 Exam Location: 6827 N. High St., Ste.10, Worthington, Ohio 43085

School Fees:    Tuition \$ \$275.00    Study Material \$ 0.00    Other \$ 0.00  
 Explanation of other fees \_\_\_\_\_

**Please note the school tuition and fee refund policy is attached.**

<u>John C Barber</u> Authorized Provider Personnel Signature	_____ Date
<u>John C. Barber, Jr.</u> Provider Personnel Name (Print or type)	<u>President</u> Title

**TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature Required**  
 (Please Print)

Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

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**Pre-Licensing Education Student Registration Form**

Provider Name: Morton - Barber Learning Center	Provider ID#: 5421
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COURSE TYPE:

Life                       Property                       Personal  
 Accident & Health                       Casualty                       Surety Bail Bond

Location of Classroom Course:	Dates/Hours:	Instructor(s):
6827 N. High St., Ste #10	Fri 5-9	Zachary A. Hill, CLU, CPCU
Worthington, OH 43085	Sat. & Sun. 8-5	Walter M. Buchanan, CPCU

Study Materials: (A) Textbook Title: Property & Casualty Workbook  
 Author & Edition: W. Michael Buchanan, MBLC, 2017

(B) Ohio Bulletin & Course Outline

(C) Other (explain): Practice Tests \$50.00

(D) The Text and other materials will be the property of:     Student     Provider

Self-Study Offering:

Date Study Material Purchased: \_\_\_\_\_

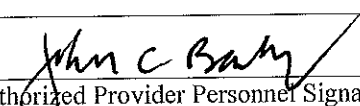
Exam Method:     Paper     Electronic

Exam Location:    6827 N. High St., Ste.10, Worthington, Ohio 43085

School Fees:    Tuition \$ 275.00    Study Material \$ 0.00    Other \$ 0.00

Explanation of other fees \_\_\_\_\_

**Please note the school tuition and fee refund policy is attached.**

 _____ Authorized Provider Personnel Signature	_____ Date
<u>John C. Barber Jr</u> _____ Provider Personnel Name (Print or type)	<u>President</u> _____ Title

**TO BE COMPLETED BY STUDENT AT TIME OF REGISTRATION – Signature Required**  
 (Please Print)

Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

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