



**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 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/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 \$ 300,275.00 Study Material \$ 0.00 Other \$ 0.00  
 Explanation of other fees \$25.00 for Online Practice Exams

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

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

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

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

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

Address: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

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