



Pre-Licensing Education Student Registration Form

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

<input type="checkbox"/> Life	<input checked="" type="checkbox"/> Property	<input type="checkbox"/> Personal
<input type="checkbox"/> Accident & Health	<input checked="" type="checkbox"/> Casualty	<input type="checkbox"/> Surety Bail Bond

Location of Classroom Course: 6827 N. High St., Ste #10 Worthington, OH 43085	Dates/Hours: Fri 5-9 Sat. & Sun. 8-5	Instructor(s): Zachary A. Hill, CLU, CPCU Walter M. Buchanan, CPCU
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Study Materials: (A) Textbook Title: Property & Casualty Workbook
 Author & Edition: W. Michael Buchanan, MBLC, 2017

(B) Ohio Bulletin & Course Outline

(C) Other (explain): _____

(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 \$25.00 for Online Practice Exams

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

<u>John C Barber, Jr.</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: _____ 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.