



**Pre-Licensing Education Student Registration Form**

Provider Name: Morton - Barber Learning Center	Provider ID#: 5420
COURSE TYPE: <input 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):

Study Materials: (A) Textbook Title: ExamFX Ohio Pass Book  
 Author & Edition: 2017 Edition  
 (B) Ohio Bulletin & Course Outline  
 (C) Other (explain): ExamFX  
 (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, OH 43085

School Fees:    Tuition \$ 0.00                      Study Material \$ 109.95                      Other \$ 20.00  
 Explanation of other fees    \*Second Exam if needed

**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: _____	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.