

# Slater Insurance School

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## SELF-STUDY TIME SHEET

**\*IN BLACK OR BLUE INK, write down the times and hours that you study. When you have completed the required study hours, email, fax or mail this completed Time Sheet to us.\***

<b>LIFE INSURANCE</b> *20 hours of study time required*			
DATE	START TIME	FINISH TIME	TOTAL HOURS
<b>TOTAL HOURS STUDIED =</b>			

<b>DISABILITY INSURANCE</b> *20 hours of study time required*			
DATE	START TIME	FINISH TIME	TOTAL HOURS
<b>TOTAL HOURS STUDIED =</b>			

<b>CERTIFICATES OF COMPLETION</b>
<b>Your First &amp; Last Name:</b> (as it appears on your driver's license)
_____
<b>Phone Number:</b>
_____
<b>How would you like to receive your                      Certificates of Completion (circle one):</b>
EMAIL
FAX
MAIL
<b>Please provide us with                      one of the following:</b>
EMAIL ADDRESS
_____
FAX NUMBER
_____
MAILING ADDRESS
_____
_____