



**NORTH CAROLINA
DEPARTMENT OF INSURANCE**
MIKE CAUSEY, COMMISSIONER

**North Carolina Department of Insurance
Continuing Education Program**

Request for Continuing Education Extension

Licensee Name: _____

National Producer Number (NPN) _____

Licensee Signature: _____

Date: _____ Email: _____

- Extension requests will be accepted **no sooner** than 30 days before the end of a licensee's compliance period and must be received by Prometric no later than the last day of your compliance period.
- The fee for extension requests is **\$75.00**.
- Allow 7-10 days for processing. Notification will be sent to the email address listed above when extension is processed.
- Extensions will be for 30 days. The extension **does not** extend the end of the next compliance period.

Extension requests, including this form and fee payment, must be submitted online at www.sircon.com.