

# CERTIFICATION OF COMPLETION FORM

## HIGHMARK INDIVIDUAL PRODUCTS TRAINING

(Please type or print legibly)

This is to certify that \_\_\_\_\_ has successfully  
(Producer Name)

completed all modules of the Highmark Individual Products Training class conducted at the

office of \_\_\_\_\_, \_\_\_\_\_.  
(General Agency Name) (General Agency Number)

Producer Signature: \_\_\_\_\_

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

Agency Signature: \_\_\_\_\_  
(Owner/Officer of Agency or Authorized Signer)

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

### **RETURN INFORMATION:**

- **If the producer is also applying for a Highmark Appointment, please attach this completed Form to the Highmark Appointment application with the other required documentation and Appointment fee as directed on the Application instructions.**
- **If the producer already has a Highmark Appointment, please return this completed Form via mail or FAX to:**

**Mail:** Attention: Producer/Agency Appointment & Licensing  
Highmark Blue Cross Blue Shield  
120 Fifth Avenue: Suite P2307  
Pittsburgh, PA 15222-3099

**FAX:** Attention: Producer/Agency Appointment & Licensing  
(412) 544-2281 or (412) 544-2278