



CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE

www.dhs.ca.gov/cpltc
Phone: (916) 552-8990 Fax: (916) 552-8989

Database Entry Form

Please complete, print and then Fax this form to our office

Date:

Please **ADD**

Please **UPDATE**

Please **DELETE**

Name: (First, MI, Last)

Title:

Company:

Street Address:

City:

State:

Zip:

Telephone:

Extension:

Fax:

Email:

NOTE: Below fields are required. Additionally, agent must be Partnership authorized in current renewal period to be entered on the database.

Agents/Brokers

Agent Individual License #:

LTC Authorized? Yes No

Partnership Authorized? Yes No

Partnership CE Training Provided By:

Sandi Kruse Insurance Training (Course# 84703)

Miley Education & Insurance (Course# 85027)

Senior Insurance Training Services (Course# 85943)

Date Partnership CE Training Completed

Non Agents/Brokers

CMPA/Claims

AAA/HICAP

CA State Gvt

CA County Gvt

CA City Gvt

Consultant

Consumer Group

Insurer

Legislator

Media

Other Gvt

Other State PLTC

IUDSS

Provider

Non-Profit Org.

Trainer

Endorser

Researcher

Other, please specify below: