



**Course Completion Record
For
United Guaranty**

Marketing Your Services Marketing Yourself

Instructor's Name: _____ ID #: _____

Date Course Taken: _____

Location: _____

Train the Trainer for: Marketing Your Services Marketing Yourself

Instructor's Name: _____ ID #: _____

Date Course Taken: _____

Location: _____

EDUCATION CHAIRPERSON

DATE

INSTRUCTOR

DATE

This form is to be completed by the State Education Chairperson and submitted to:

**NAMB
National Association of Mortgage Brokers
8201 Greensboro Drive, Suite 300
McLean, VA 22102
703/610-9009 Fax: 703/610-9005**