

Figure: 28 TAC §3.3874(b)(6)(B)

**Long-Term Care Partnership Agent Training Certification Form**  
**To be submitted to the Department annually between January 1 and January 31**  
**for the preceding year beginning in 2010**

**Company Name**

**Reporting for Calendar Year**

**NAIC ID Number**

**TDI ID Number**

**I hereby certify that for the annual period specified above:**

Each individual who currently sells or who has sold a long-term care benefit plan for (company name) under the Long-term care Partnership Program completed training and demonstrated evidence of understanding long-term care partnership policies and how they relate to other public and private coverage of long-term care policies.

**Signature:**

**Name:**

**Title:**

**Date Submitted**