**OFFICIAL STUDENT TRANSCRIPT**

Ace Insurance School of Nevada

1785 E Sahara Ave #390, Las Vegas, Nevada 89104

(702) 418-1936

**Course Catalog:**

LIFE AND HEALTH

**Program Name:**

LIFE AND HEALTH

**Catalog Effective Date:**

May 1st, 2021

STUDENT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID NUMBER /LAST 4 SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACADEMIC RECORDS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LIFE AND HEALTH COURSES | DELIVERY DATE | STUDENT ATTENDED | HOURS EARNED | FINAL GRADE |
|  | START DATE | YES/NO | HOURS |  |
| GENERAL INS/ LIFE AND HEALTH UNDERWRITING |  | Yes | 12 HOURS |  |
| TYPES OF LIFE INSURANCE/ POLICY PROVISIONS |  | Yes | 6 HOURS |  |
| RIDERS, OPTIONS, AND EXCLUSIONS |  | Yes | 3 HOURS |  |
| ANNUITIES/ TAXATION |  | Yes | 2.5 HOURS |  |
| TYPES OF HEALTH INSURANCE/ POLICY PROVISIONS |  | Yes | 6 HOURS |  |
| RIDERS, OPTIONS, AND EXCLUSIONS |  | Yes | 3 HOURS |  |
| SOCIAL INSURANCE/ AFFORDABLE CARE ACT |  | Yes | 2.5 HOURS |  |
| NEVADA STATE LAWS/NEVADA STATE CODES |  | Yes | 5 HOURS |  |
| FINAL EXAM |  | Yes |  |  |
| DATE COURSE WAS COMPLETED | END DATE | TOTAL HOURS | 40 HOURS | NEED 70% TO PASS |

START DATE:

END DATE:

DATE OF GRADUATION:

NAME: OF SCHOOL OFFICIAL: Candace L. Balcom-Paulino

TITLE: Director

SCHOOL OFFICIAL SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: Transcript is Compliance with NAC 394.353