

**AFFIDAVIT OF PERSONAL RESPONSIBILITY**

**To be Signed By Student**

I affirm that I personally completed the entire text of the course. I also affirm that I completed the exam without assistance from any outside source. I understand that it is my responsibility to file and maintain my certificate of completion as required by the State Insurance Department or by the Designation Organization.

How many hours did it take you to complete study of the text?

How much time did it take to complete the final exam? (These times do not affect the amount of state credit you receive for successful completion of the

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

Date:

(sign in ink only)

**Nonresident Continuing Education Requirements**

Agents who hold a nonresident license in a state with a continuing education requirement may be exempt from that requirement if the agent has satisfied continuing education requirement in the resident state. Contact the specific State Insurance Department for information on continuing education exemptions for nonresident licensees.

**AFFIDAVIT OF EXAM COMPLETION**

To Be Completed and Signed By Exam Monitor Where Required  
(Refer to Grading and Certification Instruction Guide for state specific monitoring requirements)

I hereby certify that I administered the final examination and that it was completed without assistance or outside help of any kind.

Name of Student:

Agent License Number:

Name of Course:

Exam Monitored By:

Date exam was taken:

Address where exam was taken:

\_\_\_\_\_  
(Signature of Person Administering Exam)  
(Sign In Ink Only)

Company/Agency:

Print Name (Proctor):

Business Mailing Address:

Job Title:

Company/Agency:

Business Phone Number:

