Florida Acknowledgement of Personal Responsibility

I,	, FL insurance license #	did not consult any
written materials or receive	outside assistance of any kind or from any	y person, directly or indirectly,
while taking the examination	n for course	I understand that
any violation of standards w	ill result in the loss of course credits and a	administrative sanction by the
Florida Department of Finan	icial Services. I understand that I must con	rrectly answer at least 70% of the
exam questions in order to re	eceive a passing grade.	
Signature of Student:	Date:	
Mailing address of Student:		
manager or owner of the age	employee of an agency or corporate entity ency or corporate entity sign the sworn act	knowledgement.
If I am self-employed, a sole acknowledgement must also person not related to the exa- concerned, with respect to pe	be proprietor, a partner or if the examination be signed by a disinterested third party. A minee, an immediate supervisor or emplo ossible gain or loss, in the result of a pend orary, public school, independent insurance	n is administered online, the sworn A disinterested third party means a yee of the examinee, and not ding course final examination, such
Signature of Disinterested 3 rd Party:	Date:	:
Please fill out this form for each	h test you take and fax it to:	
	The American College Attn: FL CE Administrator 630 Allendale Road Suite 400 King Of Prussia, PA 19406	
	1-888-263-7265 Fax: 610-526-1402	
Student ID#	Florida License Number	

NOTE: All affidavits must be faxed to The American College CE Department (fax: 610-526-1402) no later than the day following the exam. State insurance continuing education will not be granted if your monitor/proctor affidavit is not received in a timely manner. Students who fail to return the appropriate affidavit will have to take the exam again if CE is desired.