DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

AFFIDAVIT OF PERSONAL RESPONSIBILITY FORM

Printed Name of Student:	AZ License Number:
Course Title:	Date of Exam:

I, the undersigned student, hereby affirm that all information provided is true to the best of my knowledge. I understand that any false declaration may result in disciplinary action by the Arizona Department of Insurance and Financial Institutions (AZ DIFI).

_____ _____

Student Signature Date

Printed Name of Monitor/Self	Provider Number or AZ Insurance License Number

Type of Monitor:(check one)

☐ Provider Director
☐ An Arizona-licensed insurance producer appointed by the provider director
☐ Individual in the business of administering education or examinations appointed by the provider director
☐ Self (Self-Attestation)

Monitor's Company/Agency Name:	Business Phone Number: ( )
Business Mailing Address:	City:
State:	ZIP Code:

Check only one:

☐ I, the undersigned monitor, affirm that I personally observed the student named above during the completion of the examination and confirm that the student received no assistance. I meet the qualifications required by AZ DIFI to serve as a monitor for self-study CE courses.

☐ I, the licensee, hereby affirm that I personally completed the examination without any assistance. I achieved a passing score of 70% or higher and met all requirements to successfully complete the CE self-study course, earning the credits necessary to complete this course.

_____ _____

Signature of Examination Monitor/Self Date