



**STATE OF NEW MEXICO**  
**OFFICE OF SUPERINTENDENT OF INSURANCE**  
**Affidavit of Personal Responsibility**  
**Continuing Education**

**Student/Licensee Information**

**Student Name (print):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).*

**NM OSI License Number/NPN:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affidavit of Exam Completion**

I declare that I personally observed the above-named individual during the completion of this examination and observed that the producer received no outside assistance in completing the examination. I attest that as an approved proctor I am an impartial, disinterested third party or currently licensed agent with no family or financial relationship to the student per [13.4.7 NMAC](#)

**Name of Student:** \_\_\_\_\_

**Name of Course:** \_\_\_\_\_

**Date Exam Taken:** \_\_\_\_\_

**Beginning Time:** \_\_\_\_\_ **Ending Time:** \_\_\_\_\_

**Type of proctor:** \_\_\_\_\_ **Provider Representative** \_\_\_\_\_ **Licensed Producer/Other** (Please identify relationship to licensee)

**Other:** \_\_\_\_\_

**Name of Proctor:** \_\_\_\_\_

**Proctor Email Address:** \_\_\_\_\_

**Proctor NM OSI License Number/NPN:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_