AFFIDAVIT OF PERSONAL
RESPONSIBILITY To be Signed by
Student

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

_____________________________               _________________________
Signature (sign in ink only)               Date

AFFIDAVIT OF EXAM COMPLETION
To be Completed and Signed by Exam Monitor

I declare that I personally observed the above named individual during the completion of this examination and also observed that the student received no outside assistance in completing the examination.

_____________________________               _________________________
Name of Student               Name of Course

Address where exam was taken

_____________________________               _________________________
Date exam was taken               Beginning time               Ending time

MONITOR: DISINTERESTED THIRD PARTY

_____________________________               _________________________
Print name of person administering test               Job title of person administering test

_____________________________               _________________________
Company/agency name               Business phone number

_____________________________
Business mailing address

_____________________________               _________________________
Signature of person administering test               Date
(sign in ink only)

Student ID 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.