



IOWA INSURANCE DIVISION

Continuing Education Program

Affidavit of Personal Responsibility

TO BE SIGNED BY STUDENT

SEND TO

Name	NPN
Address	

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

Signature *(sign in ink only)*

Date *(must match date of exam completion)*

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 producer received no outside assistance in completing the examination.

Name of Student		
Name of Course		
Address where course was taken		
Date exam was taken	Beginning time	Ending time
Type of monitor: (check one) <input type="checkbox"/> Provider Representative <input type="checkbox"/> Disinterested Third Party		Provider Number
Print name of person administering test		
Job title of person administering test		
Company/agency name	Business phone number	
Business mailing address		
Signature of Course Approved Monitor/CE Provider Representative <i>(sign in ink only)</i>		Date <i>(must match date of exam completion)</i>