

# QUEST CE

The leader in insurance education

Please fax your completed affidavit to: 414-375-3449

## **760 IAC 1-50-5 Requirements for self-study continuing education courses**

Sec. 5. (a) In addition to the requirements in section 4 of this rule, self-study courses are subject to the following requirements:

(4) When taking the self-study examination, the producer shall do all of the following:

(A) Sign an affidavit, supplied by the provider, that states the producer did not use outside help, such as an open textbook or another individual, in taking the examination.

(B) A second producer must sign the affidavit verifying that the second producer witnessed the first producer's examination and no outside help was used. A producer who takes the examination at a testing center that administers tests for professional designations may have a representative of the testing center sign the affidavit rather than a licensed producer.

**INDIANA DEPARTMENT OF INSURANCE  
AFFIDAVIT OF PERSONAL RESPONSIBILITY**

*Instructions to Course Provider: This Affidavit does not replace Certificate of Completion. The original Affidavit is to be returned to you with finished examination and must be retained in your files for four (4) years.*

I affirm, under penalties of perjury, that I personally completed the entire text of the self-study course listed below. I also affirm, under penalties of perjury, that I completed the exam without assistance from any source. I understand that this is a **closed book examination** and I may not refer to the study material for answers. I also understand that it is my responsibility to file or maintain my Certificate of Completion as required by the Indiana Department of Insurance.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's License Number

**AFFIDAVIT OF EXAM COMPLETION**

I hereby certify, under penalty of perjury, that I am a duly licensed agent in the State of Indiana **or** I am an employee of \_\_\_\_\_ and that I administered the **closed book final examination** for the course listed below and that it was completed without assistance or outside help of any kind, including the study material.

Name of Student \_\_\_\_\_

Name of Course \_\_\_\_\_

Name of Course Provider \_\_\_\_\_

Location Exam Was Taken \_\_\_\_\_

Date Exam Was Taken \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Exam Witness

\_\_\_\_\_  
Signature of Exam Witness

\_\_\_\_\_  
License Number of Witness

\_\_\_\_\_  
Business Phone Number of Witness

Witness' Business Mailing Address: \_\_\_\_\_

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