

MASSACHUSETTS

CONTINUING EDUCATION ATTESTATION OF PERSONAL RESPONSIBILITY

I affirm that I personally completed the entire course study material. I have not used any fraudulent or deceptive means to complete this course. I further affirm that I completed the competency exam without assistance from any course or reference material, other source material, or outside assistance of any kind from any person or electronic device, directly or indirectly, while taking the exam.**

I understand that I may be subject to state administrative action, which may include the revocation of my Massachusetts insurance license, if the Division of Insurance determines that I have provided it with false information in this or any other statement to the Commissioner.

Course Name: _____

Examination Location/Date & Time: _____

Student Name: _____
(printed name)

Student Signature: _____ Date: _____

On a temporary basis the continuing education examination may be taken without a proctor if the student presents this sworn acknowledgement to the educational provider.

Please return the original signed attestation to:

Quest Continuing Education Solutions

Mailing Address:

10100 W. Innovation Drive, Suite 200
Milwaukee, WI 53226

Fax Number: (414) 375-3449

Email Address: support@questce.com

This form can also be uploaded within your Quest CE account as an affidavit.

**** Credits will not be submitted until an attestation is received. You may submit the document immediately after completing the examination and receiving notification that you have passed to expedite credit submission. However, the original must be mailed to the provider to be kept with your CE record.**