

# AFFIDAVIT OF PERSONAL RESPONSIBILITY

## TO BE SIGNED BY STUDENT

I affirm that I personally completed the entire study material of the course. I also affirm that I completed the exam without assistance from any course material, other than source material, or from any person(s).

SIGNATURE (SIGN IN INK ONLY)	DATE
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## AFFIDAVIT OF EXAM COMPLETION

### To be Completed and Signed by Exam Monitor

PRINTED NAME OF STUDENT	NAME OF COURSE		
ADDRESS WHERE EXAM WAS TAKEN			
CITY	STATE	ZIP CODE	
DATE EXAM WAS TAKEN	BEGINNING TIME	ENDING TIME	
MONITOR: DISINTERESTED THIRD PARTY	JOB TITLE OF PERSON ADMINISTERING TEST		
COMPANY/AGENCY NAME:	BUSINESS PHONE NUMBER:		
BUSINESS MAILING ADDRESS:			
CITY	STATE	ZIP CODE	

I certify that I verified the identification of the student. In addition, I administered the final examination and certify that it was sealed until administration and completed without assistance or outside help of any kind.

SIGNATURE OF PERSON ADMINISTERING TEST (SIGN IN INK ONLY)	DATE
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