Pearson

Iowa Insurance Division
Continuing Education
Affidavit of Personal Responsibility

TO BE SIGNED BY STUDENT

SEND TO

NAME

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

AFFIDAVIT OF EXAM COMPLETION

TO BE COMPLETED AND SIGNED BY EXAM MONITOR - VIRTUAL PROCTORING IS NOT PERMITTED

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 PROVIDER NUMBER

Type of Monitor (*check one*) ☐ Provider Representative ☐ 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 COURSE APPROVED MONITOR/CE PROVIDER REPRESENTATIVE *(sign in ink only)* DATE

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