

Florida Continuing Education Affidavit of Personal Responsibility

Student's Name: _____ Date: _____

Social Security #: _____ State License or CE #: _____

Exam Location: _____

Courses Taken: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

(Form can be used for more than 1 course)

To Be Signed by the Student

Each Student Must Achieve a Grade of 70% or Better on the Final Exam

I affirm that I personally completed the entire course study material. I also affirm that I completed the competency exam without assistance from any course material, other source material, or received outside assistance of any kind or from any person, directly or indirectly, while taking the exam.

Student's Understanding: That a violation of such standards shall result in the loss of course credit and administrative sanction by the Florida Department of Financial Services.

The examination may be taken without a proctor provided the student presents to the provider a sworn affidavit certifying that the student did not consult any written materials or receive outside assistance of any kind or from any person directly or indirectly, while taking the examination.

If the student is an employee of an agency or corporate entity, the student's supervisor or a manager or owner of the agency or corporate entity must also sign the sworn affidavit.

If the student is self-employed, sole proprietor, or a partner, or if the examination is administered online, the sworn affidavit must be also signed by a disinterested third party. (Disinterested third party – someone with no family or financial relationship to the study, or who is a licensed agent.)

I attest that I am: ___ Self-Employed ___ Sole Proprietor ___ Partner ___ Employee of an Agency or Corporate entity

Student's Signature (Ink Only)

Date

I attest that I am the Student's: ___ Supervisor ___ Manager ___ Agency Owner or Partner ___ Disinterested Third Party

Print Name of Person Witnessing You Fill this form

If They are Working for a Company, Their Mailing Address, City, St, Zip

Company / Agency Name

(_____) _____
Daytime Phone Number

Signature of Person Witnessing You Fill this form (Ink Only)

Date of Exam

This form must IMMEDIATELY be faxed after completing your exam to Sandi Kruse Inc at 619 421 8171