

**Exam Certification Form/Declaration of Compliance for Minnesota**

**PRINT, COMPLETE, SIGN AND FAX TO SANDI KRUISE INC. AT 619-421-8171 FOR CONTINUING EDUCATION CREDIT. FAILURE TO SUBMIT AFFIDAVIT WITHIN 24 HOURS OF EXAM COMPLETION WILL RESULT IN LOSS OF CREDIT.**

\*Please visit [www.KRUISE.com](http://www.KRUISE.com) to view state proctoring requirements

Name (as it appears on your license) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

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

Agent's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

License Exp. Date \_\_\_\_\_

**How was this course completed?**  
(Check one only)

**Online Exam**       **Printed self Study Exam**

**I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to file and/or maintain my certificate of completion as required by the state insurance department.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*State proctoring requirements subject to change

**Affidavit of Exam Monitor**

To be completed and signed by exam monitor (for Insurance CE only).  
\*\*If monitoring an exam for Arizona, Arkansas, Indiana, Iowa, Missouri, Nebraska, New York, South Carolina, or West Virginia a state specific form is required and may be obtained by calling 1-800-517-7500 or printing it from [www.KRUISE.com](http://www.KRUISE.com).

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

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

Address where exam was taken \_\_\_\_\_

Date exam taken \_\_\_\_\_

**I hereby certify that I personally observed the above named student during the completion of this examination and also observed that the student received no outside assistance in completing the examination.**

\_\_\_\_\_  
Signature of person monitoring exam

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Employment Title

Type of monitor:

Higher Education accredited teaching staff

Military base education officer

A letter on official letterhead from the base commander verifying the proctor's position must be submitted.

Your company's Human Resources Director (include letter on company letterhead from the Human Resources Department verifying the proctor's position.

A high school superintendent, supervising principal or other administrator  
A letter from the superintendent or principal on official letterhead must be submitted.

A librarian within your local school or public library system.  
A letter from the proctor on library system letterhead must be submitted.

\_\_\_\_\_  
Monitor's Company Name

\_\_\_\_\_  
Monitor's Business Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Proctor Registration Number