

Exam Certification Form / Declaration of Compliance
-Oregon Monitor Form-

**PRINT, COMPLETE, SIGN AND FAX TO KRUISE @
619 421 8171 FOR CONTINUING EDUCATION CREDIT.
FAILURE TO SUBMIT AFFIDAVIT WITH EXAM
WILL RESULT IN LOSS OF CREDIT.**

*Please visit www.kruiise.com to view state proctoring requirements.

Name (as it appears on 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, South Carolina, or West Virginia a state specific form is required and may be obtained by calling 800-517-7500 or printing from www.kruiise.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 _____

Phone # _____

Print Name _____

Employment Title _____

Type of Monitor:

- Accredited school instructor / faculty member**
- US Military Training Facility officer**
- Home office training department**
- State-Approved Monitor**
- Librarian**

Monitor's Company Name: _____

Monitor's Business Address: _____

License # (Required for Arizona, Indiana and Iowa certificates) _____

Proctor Registration Number (Required for Arkansas, Oregon, New York and South Carolina): _____

*** NEW YORK MONITORS

Please fax a copy of a current Monitor Approval Document along with this affidavit to Kruiise Continuing Education.