

**Exam Certification Form/Declaration of Compliance**

**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

**South Carolina Affidavit of Exam Monitor**

To be completed and signed by exam monitor (for Insurance CE only).  
\*\*If monitoring an exam for a state other than South Carolina a 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

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

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

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

Type of monitor:

Disinterested Third Party

Librarian

Higher Education Staff

Sandi Kruse Inc Representative

State Approved Proctor

Other (Specify) \_\_\_\_\_

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

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

\_\_\_\_\_  
License # (If available)

\_\_\_\_\_  
Proctor Registration Number (If available)