Sandi Kruise Insurance Training Phone: 1-(800)-517 7500 Web: www.kruise.com Fax: 619 421 8171

Florida Continuing Education Affidavit of Personal Responsibility

Student's Name:_____

Email address: :_____ Florida License #: _____

Course Names as Listed:

1._____ Date Taken: _____

2._____ Date Taken: _____

(Form can be used for more than 1 course. Be sure to write the **name** of the course **as listed** on the **book** or **exam cover**. Do not put the course numbers. Failure to do so will make it impossible to match this form with the courses taken to issue credit.)

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 Signing

This form must IMMEDIATLY be faxed after completing your exam to Sandi Kruise Inc at 619 421 8171
Or via email to testing@kruise.com