

Exam Certification Form/Declaration of Compliance

PRINT & COMPLETE BOTH SIDES OF THIS FORM, THEN 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. DO NOT INCLUDE A COVER LETTER!

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

Student's First Name: _____

Student's Last Name: _____

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 number above must be for the state you are taking the course for, not necessarily your home state.

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

The following to be filled out by your course monitor:

****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.**

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 (If applicable)

Type of monitor (check the box that closest describes your monitor):

Disinterested Third Party (Cannot be a relative or employee of the student)

Manager/Supervisor

Licensed Agent

License # _____

Provider Representative

State Approved Proctor

Proctor Registration Number _____

If applicable:

Monitor's Company Name _____

Monitor's Business Address _____