

IOWA
AFFIDAVIT OF PERSONAL RESPONSIBILITY
To be Signed by Student

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

Signature (sign in ink only)

Date

AFFIDAVIT OF EXAM COMPLETION
To be Completed and Signed by Exam Monitor

I declare that I personally observed the above named individual during the completion of this examination and also observed that the producer received no outside assistance in completing the examination.

Name of student

Student insurance license number

Name of course

Date exam was taken

Beginning time

Ending time

Type of monitor
(check one)

Provider Representative

Licensed
Producer

Provider or Producer License Number

Print name of person administering test

Job title of person administering test

Company/agency name

Business phone number

Business mailing address

Signature of person administering test
(sign in ink only)

Date

Return form via fax to: 619-421-8171
Or via email: testing@kruise.com