

# Nebraska

## Affidavit of Course Completion

I affirm, under penalty of perjury, that I personally completed the entire text of the self-study course listed below. I also affirm, under penalty of perjury, that I completed the exam without assistance from any source. I understand that it is my responsibility to file or maintain my Certificate of Completion as required by any Department of Insurance or other regulatory agency with which I intend to register continuing education credit.

\_\_\_\_\_  
Name of course completed

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Signature (ink only)

\_\_\_\_\_  
Date (ink only)

## Affidavit of Exam Completion

To be Completed and Signed by Exam Monitor

I affirm, under penalty of perjury, that I observed the completion of the exam of the self-study course listed above. I also affirm, under penalty of perjury, that the exam was completed without assistance from any source.

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
Address where exam was taken

\_\_\_\_\_  
Date exam was taken

\_\_\_\_\_  
Beginning time

\_\_\_\_\_  
Ending time

\_\_\_\_\_  
Name of person administering test

\_\_\_\_\_  
Business phone number

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Relationship to the agent:

\_\_\_\_\_  
Signature of person administering test (ink only)

\_\_\_\_\_  
Date (ink only)

This form is to be mailed to:

Sandi Kruike inc

PO BOX 786

Bonita, CA 91908-0786