

Ohio Continuing Education Affidavit of Personal Responsibility

Student's Name: _____ Date: _____

National Producer #: _____ State License or CE #: _____

Exam Location: _____

Course Taken: . _____

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 outside assistance of any kind or from any person, directly or indirectly, other than the original source material 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 Ohio Department of Insurance.

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 outside assistance of any kind or from any person directly or indirectly, while taking the examination.

Student's Signature (Ink Only)

Date

Please fill this out entirely and fax it to Sandi Kruise Inc at 619 421 8171. You may also email it to us at testing@kruise.com