## **Exam Certification Form/Declaration of Compliance**

## PRINT, COMPLETE, SIGN AND FAX TO SANDI KRUISE INC. AT 619-421-8171 FOR CONTINUING EDUCATION CREDIT. FAILURE TO SUBMIT AFFIDAVIT WITHIN 24 HOURS OF EXAM COMPLETION WILLL RESULT IN LOSS OF CREDIT.

COMPLETION WILLL RESULT IN LOSS OF CREDIT.		www.KRUISE.com .
*Please visit www.KRUISE.com to view state proctoring requirements		Name of Student
		Name of Course
Name (as it appears on your license)		Address where exam was taken
Social Security #:	Date of Birth	Date exam taken
Home address		I hereby certify that I personally observed the above named student during the
City	StateZip Code	completion of this examination and also observed that the student received no outside assistance in completing the examination.
Company		Signature of person monitoring exam
Company Address		Phone #
City	StateZip Code	Print Name
Day Phone #	Evening Phone #	Employment Title
Email Address		Type of monitor:
Course Name		□Disinterested Third Party
Agent's License #	State of Issue	□Librarian
License number above must be for the state you are taking the course for, not necessarily your home state.		☐Higher Education Staff
		☐Sandi Kruise Inc Representative
How was this course completed? (Check one only)		☐State Approved Proctor
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.		Other (Specify)
		Monitor's Company Name
		Monitor's Business Address
		License # (If available)
Signature	Date	Proctor Registration Number (If available)
*State proctoring requirements su	ubject to change	

**South Carolina Affidavit of Exam Monitor** 

To be completed and signed by exam monitor (for Insurance CE only).
\*\*If monitoring an exam for a state other than South Carolina a specific form is

required and may be obtained by calling 1-800-517-7500 or printing it from