

Florida Continuing Education Acknowledgement of Personal Responsibility

Student's Name: _____ Date: _____

License Number: _____

Exam Location: _____

Courses 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 any course material, other source material, or received outside assistance of any kind from any person, directly or indirectly, 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 Florida Department of Financial Services.

The examination may be taken without a proctor provided the student presents to the provider a sworn acknowledgement certifying that the student did not consult any written materials or receive outside assistance of any kind or from any person directly or indirectly, while taking the examination.

If the student is an employee of an agency or corporate entity, the student's supervisor or a manager or owner of the agency or corporate entity must also sign the sworn acknowledgement.

If the student is self-employed, sole proprietor, or a partner, or if the examination is administered online, the sworn acknowledgement must be also signed by a disinterested third party. (Disinterested third party – someone with no family or financial relationship to the study, or who is a licensed agent.)

I attest that I am: Self-Employed Sole Proprietor Partner Employee of an Agency or Corporate entity

Student's Signature (Ink Only)

Date

I attest that I am the Student's: Supervisor Manager Agency Owner or Partner Disinterested Third Party

Print Name of Person Witnessing Student Acknowledgement

Mailing Address, City, St, Zip

Company / Agency Name

Daytime Phone Number

Signature of Person Witnessing Student Acknowledgement
(Ink Only)

Date of Exam