



**IOWA INSURANCE DIVISION**  
*Continuing Education Program*  
**Affidavit of Personal Responsibility**  
*TO BE SIGNED BY STUDENT*

**SEND TO**

Name
Address

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		
Name of Course		
Address where exam was taken		
Date exam was taken	Beginning Time	Ending Time
Type of monitor: (check one)	<input type="checkbox"/> Provider Representative <input type="checkbox"/> Disinterested Third Party	Provider Number
Print name of Person Administering test		
Job title of person administering test		
Company/Agency Name	Business Phone Number	
Business mailing address		
Signature of Course Approved Monitor/CE Provider Representative ( <i>sign in ink only</i> )		Date