

The Affidavit of Student and Examination Monitor Closed Book

Affidavit of Personal Responsibility To be Signed by the Student

I affirm that I personally completed the entire study material of the course. I also affirm that I completed the final examination without assistance from any course material, from any other source material, or from any person.

Student's Name Printed

License # and State OR
Social Security Number

Signature in ink

Date

Property Casualty ____ Multiline ____ Workers' Compensation ____ Agent ____ Life & Health ____

Affidavit of Examination Completion To be Signed by the Examination Monitor

I certify that I verified the identification of the student by photo identification. In addition, I administered the final examination and certify that viewing or opening of the examination did not take place until I was present. I further verify that the examination was completed without assistance or outside help of any kind.

Name of Student

Name of Course

Address where examination was taken

Date of Examination

Beginning Time

Ending Time

Monitor : Disinterested Third Party

Monitor's Printed Name

Monitor's Signature in ink

Monitor's Title

Monitor's Employer

Business Phone

Business Address

Monitor's Relationship to Student

To receive your Certificate of Completion you must return 1.) this signed Affidavit, 2.) your completed Course Evaluation Form AND 3.) CD-ROM students only - not online study students—a copy of your course examination answer sheets which you completed at the end of each chapter of the CD-ROM program to:

Medical Directions, Inc.
74 Lawndale Drive
East Greenwich, RI 02818

Phone: (401) 398-0533
Fax: (401) 398-0848