The Affidavit of Student and New York State Approved Examination Monitor - Closed Book

Affidavit of Personal Responsibility
To be Signed by 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 Student's Signature in ink

Date _____ License # _____ State ____

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

Affidavit of Examination Completion
To be completed and signed by an Approved New York 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

_____
Type of Photo ID

_____ _____ _____
Date of Examination Beginning Time Ending Time

_____ _____ _____
Monitor's Printed Name Monitor's Signature in ink NY Monitor Number

Monitor's Title _____ Monitor's Employer _____

Business Phone & Address _____

Monitor's Relationship to Student _____

To receive your Certificate of Completion you must send

1.) Your completed Course Evaluation Form, **and**
2.) CD-ROM Students Only (not online study students) must submit a copy of your course examination answer sheets which you completed at the end of each chapter of the program, **and**
3.) Your monitor must send this Affidavit and a copy of their New York Monitor Approval Document to

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

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