

# The Affidavit of Student 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

\_\_\_\_\_  
License # and State OR  
Social Security Number

\_\_\_\_\_  
Signature in ink

\_\_\_\_\_  
Date

Multiline \_\_\_ Property Casualty \_\_\_ Worker's Comp \_\_\_ Agent \_\_\_ Life & Health \_\_\_

Please indicate which of The Medical Claim Trainer examinations were completed:

Course I - Injuries of the Back \_\_\_\_\_

Course II - Injuries of the Extremities \_\_\_\_\_

Course III - Closed Head Injuries \_\_\_\_\_

To receive your **Certificate of Completion** you must return:

- 1.) this signed Affidavit of Student, **and**
- 2.) your completed course evaluation form, **and**
- 3.) **CD-ROM students only** (not online study students) must also include a copy of the course quiz answer sheets completed at the end of each chapter of the program.

Send all required forms to:

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

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