

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.

Name Printed

Signature

Date_____

License #_____ State_____

Multiline__ Property Casualty__ Worker's Comp__ Agent__ Life & Health__

Social Security #_____

The Medical Claim Trainer

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 - a copy of the course quiz answer sheets 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