

The Affidavit of Student Open Book

Affidavit of Personal Responsibility To be Signed by Student

I affirm that I personally completed the entire study materials of the course and this final examination.

Student's Name Printed

License # and State OR
Social Security Number

Signature in ink

Date

Multiline ___ Property Casualty ___ Worker's Comp ___ Agent ___ Life & Health ___

Select the Medical Claim Trainer Examinations 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