



IOWA INSURANCE DIVISION
Continuing Education Program
Affidavit of Personal Responsibility
for Video Teleconference Classroom Courses
TO BE SIGNED BY STUDENT

SEND TO

Name
Address

I declare that I personally completed this course without any outside assistance including course material, other source material or assistance from any person(s).

Signature *(sign in ink only)*

Date

<p>Affidavit of Course Completion <i>TO BE COMPLETED AND SIGNED BY COURSE MONITOR</i></p> <p>I declare that I personally observed the above named individual during the completion of this course.</p>			
Name of Student			
Name of Course			
Address where course was taken			
Date course was taken	Beginning time	Ending time	Provider Number
Print name of Course Approved Monitor/CE Provider Representative			
Job title of Course Approved Monitor/CE Provider Representative			
Company/agency name			Business phone number
Business mailing address			
Signature of Course Approved Monitor/CE Provider Representative <i>(sign in ink only)</i>			Date