

# OHIO

## AFFIDAVIT OF PERSONAL RESPONSIBILITY To be Signed by Student

I declare that I personally completed this exam without the outside assistance of any person(s).

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
National Producer Number (NPN)

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Address where exam was taken

\_\_\_\_\_  
Date exam was taken

\_\_\_\_\_  
Beginning time

\_\_\_\_\_  
Ending time

\_\_\_\_\_  
Signature (sign in ink only)

\_\_\_\_\_  
Date

Student ID# \_\_\_\_\_

NOTE: All affidavits must be faxed to The American College CE Department (fax: 610-526-1402) no later than the day following the exam. State insurance continuing education will not be granted if your monitor/proctor affidavit is not received in a timely manner. Students who fail to return the appropriate affidavit will have to take the exam again if CE is desired.