Florida Continuing Education Acknowledgement of Personal Responsibility

Student’s Name: ________________________________ Date: ____________________

License Number: _____________________________________________________________

Exam Location: ______________________________________________________________

Courses Taken: ______________________________________________________________

To Be Signed by the Student

Each Student Must Achieve a Grade of 70% or Better on the Final Exam

I affirm that I personally completed the entire course study material. I also affirm that I completed the competency exam without assistance from any course material, other source material, or received outside assistance of any kind from any person, directly or indirectly, while taking the exam.

Student’s Understanding: That a violation of such standards shall result in the loss of course credit and administrative sanction by the Florida Department of Financial Services.

The examination may be taken without a proctor provided the student presents to the provider a sworn acknowledgement certifying that the student did not consult any written materials or receive outside assistance of any kind or from any person directly or indirectly, while taking the examination.

If the student is an employee of an agency or corporate entity, the student’s supervisor or a manager or owner of the agency or corporate entity must also sign the sworn acknowledgement.

If the student is self-employed, sole proprietor, or a partner, or if the examination is administered online, the sworn acknowledgement must be also signed by a disinterested third party. (Disinterested third party – someone with no family or financial relationship to the study, or who is a licensed agent.)

I attest that I am: ____ Self-Employed  ____ Sole Proprietor  ____ Partner  ____ Employee of an Agency or Corporate entity

_________________________________________________________  ____________________________

Student’s Signature (Ink Only)                     Date

I attest that I am the Student’s: ___ Supervisor ___ Manager ___ Agency Owner or Partner ___ Disinterested Third Party

_________________________________________________________

Print Name of Person Witnessing Student Acknowledgement

_________________________________________________________

Company / Agency Name

_________________________________________________________

Signature of Person Witnessing Student Acknowledgement (Ink Only)

_________________________________________________________

Mailing Address, City, St, Zip

_________________________________________________________

Daytime Phone Number

_________________________________________________________

Date of Exam