



THIS FORM MUST BE COMPLETED AND SENT TO THE CE PROVIDER LISTED BELOW

AFFIDAVIT OF PERSONAL RESPONSIBILITY

(To be signed by the student)

I affirm, under penalty of perjury, that I personally completed the entire course listed below. I understand that it is my responsibility to file or maintain my Certificate of Completion as required by my regulatory agency with which I intend to register continuing education credit.

Program Topic: _____

Program Date _____

Organization/Company Hosting: _____

Reason for Completing this Affidavit (Internet issues, power loss, forgot to provide license info, etc.):

If the webinar uses keycodes to track attendance, complete the keycodes below

Keycode	Keycode	Keycode	Keycode	Keycode	Keycode

License Type (check box):	Accountant	Adjuster	Agent	Attorney	Nurse	Other
State Licensed:						
State Licensed:						
State Licensed:						
State Licensed:						
State Licensed:						

By signing this form, the student understands that a violation of the above declaration could result in the loss of course credit and/or administrative sanctions by your state licensing authority.

Print Name (Ink Only) _____

Date _____

Signature (Sign in ink only) _____

Email Address _____

Check box if seeking Speaker Credit

Indicate number of minutes instructed _____

Email this completed document to **ROSTERS@CEUINSTITUTE.NET**