



STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE
AFFIDAVIT OF WEBINAR ATTENDANCE

Please complete the Affidavit of Webinar Attendance Form for each registered student that is requesting Continuing Education credit. **A single form may not be used to acknowledge the attendance of more than one registered student.**

This form must be **COMPLETED IN FULL by the attendee.** Failure to complete this form and return within the allotted amount of time may result in loss of credit.

Attendees Full Name:		
License Number:		
National Producer Number:		
State Requesting Credit IN:	New Mexico	
Webinar Course Title:		
Webinar Course Date/Time:	Date Format mm/dd/yy	Time Format hh:mm

Acknowledgement of Personal Responsibility

I certify that I personally participated in and attended all sessions of the Webinar course referenced above.

Signature: _____
Date: _____ Date Format mm/dd/yy

NOTE: To ensure CE credit for the Webinar (Classroom Equivalent) course referenced above this form must be completed and returned completed.

RETURN TO
ROSTERS@CEUINSTITUTET.NET

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