

Nebraska Affidavit of Course Completion

I affirm, under penalty of perjury, that I personally completed the entire text of the self-study course listed below. I also affirm, under penalties of perjury, that I completed the exam without assistance from any source. I understand that it is my responsibility to file or maintain my Certificate of Completion as required by any Department of Insurance or other regulatory agency with which I intend to register continuing education credit.

Name of course completed

Date completed

Name (Typed or Printed)

Agent License #

Signature (ink only)

Date (ink only)

Affidavit of Exam Completion

To be Completed and Signed by Exam Monitor

I affirm, under penalty of perjury, that I observed the completion of the exam of the self-study course listed above. I also affirm, under penalties of perjury, that the exam was completed without assistance from any source.

Name of student

Name of Course

Address where exam was taken

Date exam was taken

Starting time

Ending time

Name of person administering test

Business phone number

Business address

Relationship to the agent:

Agent License # (If Applicable)

Nebraska Driver License Number:

Signature of person administering test (ink only)

Date (ink only)