



Northeast CE Educators, LLC Inc.

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AFFIDAVIT OF PERSONAL RESPONSIBILITY

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

Student's Name

National Producer Number (NPN)

Course Title

Provider Name

Exam Completion Date

Exam Start Time

Exam End Time

Exam Location (Address where Exam was Completed)

Student Signature

Date

*** National Provider Number (NPN) can be located at www.sircon.com