

## 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 any outside assistance 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 based on paragraph 626.611(1)(g), F.S..

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

Student's Signature (You can sign this form by typing in your name)	Date

**Scan & Email to [instructor@ce-professor.com](mailto:instructor@ce-professor.com) or Fax to 857-383-2333**