

Wisconsin

**CONTINUING EDUCATION ATTESTATION
OF PERSONAL RESPONSIBILITY**

I affirm that I personally completed the entire course study material. I have not used any fraudulent or deceptive means to complete this course. I further affirm that I completed the competency exam without assistance from any course or reference material, other source material, or outside assistance of any kind from any person or electronic device, directly or indirectly, while taking the exam.**

I understand that I may be subject to state administrative action, including Wisconsin insurance license revocation, if the Office of the Commissioner of Insurance determines that I have provided it with false information in this or any other statement to the Commissioner.

Course
Name: _____

Examination
Location/Date & Time: _____

Student
Name: _____
(please print legibly)

Student
Signature: _____ Date: _____
(sign in ink only)

** Based on a Wisconsin public health emergency declared March 12, 2020, the continuing education examination may be taken without a proctor if the student presents this sworn acknowledgement to the educational provider.

Please return the original signed attestation to:

PROVIDER NAME
ADDRESS

FAX NUMBER
EMAIL ADDRESS

UPDATE HIGHLIGHTED AREAS WITH PROVIDER CONTACT INFORMATION

****Credits will not be submitted until an attestation is received. You may submit the document immediately after completing the examination and receiving notification that you have passed to expedite credit submission. However, the original must be mailed to the provider to be kept with your CE record.**