## **CEBS®** Insurance Continuing Education Affidavit

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Please fill out the appropriate information below. Licensee Information (Please print clearly.) Individual ID# or CEBS ID# Full first name M.I. Last name Title Employer 🗆 Business 🔲 Home Address \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code\_\_\_\_ City Phone Email Licensed in the state(s)/province(s) of License/NPN # See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies **Verification Information** Affidavit of Personal Responsibility—To be completed and signed by licensee I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s). I further understand that the course completion date is the day the exam is passed. Signature \_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_ Course name Affidavit of Exam Completion—To be completed and signed by exam monitor I declare that I personally observed the above-named individual during the completion of this examination and also observed that the licensee received no outside assistance in completing the examination. Name of licensee Course name \_\_\_\_ Address where exam was taken \_\_\_\_ Date exam was taken \_\_\_\_\_\_ Beginning time \_\_\_\_\_ Ending time \_\_\_\_\_ **Monitor Information** Print name of person monitoring exam \_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_ Job title of person monitoring exam\_ Employer/agency name \_\_\_\_\_ Business phone number Business mailing address \_ Date \_\_\_\_\_ Monitor's insurance producer license number (if required)\_\_\_\_\_ □ | certify that | am at least 18 years of age, with no financial or other conflict of interest with respect to a student's successful completion of the course or the examination. Signature of person monitoring exam

> Save and submit the completed affidavit to continuinged@ifebp.org. If this form is not received within 24 hours of passing the exam, CE credit will not be reported.



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