Exam Certification Form/Declaration of Compliance New York Monitor Form PRINT, COMPLETE, SIGN AND FAX TO SANDI KRUISE INC. AT 619-421-8171 FOR CONTINUING EDUCATION CREDIT. FAILURE TO SUBMIT AFFIDAVIT WITHIN 24 HOURS OF EXAM COMPLETION WILLL RESULT IN LOSS OF CREDIT. DO NOT INCLUDE A COVER LETTER! *Please visit www.KRUISE.com to view state proctoring requirements	Affidavit of Exam Monitor To be completed and signed by exam monitor (for Insurance CE only). In new York a state approved monitor is the only applicable type of monitor. Name of Student: Name of Course:
Name (as it appears on your license)	
Social Security #: Date of Birth	Address where exam was taken:
Home address	
CityStateZip Code	Date exam taken:
Company	I hereby certify that I personally observed the above named student
Company Address	during the completion of this examination and also observed that the
CityStateZip Code	student received no outside assistance in completing the examination.
Day Phone #Evening Phone #	Signature of person monitoring exam:
Email Address	
Course Name	Phone #:
Agent's License #State of Issue	
License Exp. Date	Print Name:
How was this course completed?	Employment Title:
(Check one only)	Monitor's Company Name
Online Exam Printed self Study Exam	
I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to file and/or maintain my certificate of completion as required by the state insurance department.	Monitor's Business Address:
	Proctor Registration Number:
Signature Date	
*State proctoring requirements subject to change	