



STUDENT CERTIFICATION

I do hereby swear and affirm, under oath, that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

Course Name:	
Course Number <i>(if available)</i> :	
Name of student:	
Address where exam was taken:	
Date exam was taken:	Virginia Insurance License number or National Producer Number:
Beginning time:	Ending time:
Company/agency name:	
Signature <i>(sign in ink only)</i> :	

NOTE: The Student Certification must be completed by the student and submitted to the course provider by mail, email or facsimile transmission within seven (7) days of course completion.

Providers are responsible for reporting CE credit within 20 days of course completion. It is the responsibility of the agent to check their CE transcript at www.VirginiaInsuranceCE.com. If the course is not on the transcript the agent must contact the provider.