



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.