

## Webinar Affidavit

(Required by the Dept. of Insurance in order to grant CE credits)

I (Name) \_\_\_\_\_ certify that I participated in  
and attended all sessions of the following webinar/web cast course

\_\_\_\_\_ ending on this date \_\_\_\_\_.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_