Michigan Affidavit

Email all forms to:

The National Alliance for Insurance Education & Research Email: affidavit@scic.com

Affidavit of Webinar Completion

Student Informa	tion				
Student Name:					
Street:					
City:		State:		Postal Code:	
Phone Number:					
Course Name: C	IC – Agency Ma	nagement (We	binar)		
Date		Section Title			
			1. Strategic Planning		
			2. Talent Ad	equisition and Development	
				tention and Acquisition egy Utilizations	
				ogy Utilizations (continued) esponsibility	
		Affidavit of Perso	onal Responsibility		
			Signed by Student		
I, certify that I participated in and attended all sessions of the we					
cast course		1697 course ID #)			
	, 5	,			
Student's Signature				Date	