

AFFIDAVIT OF WEBINAR ATTENDANCE

Please complete the Affidavit of Webinar Attendance Form for each registered student that is requesting Wisconsin credit. **A single form may not be used to acknowledge the attendance of more than one registered student.**

This form must be **COMPLETED IN FULL by the attendee.** Failure to complete this form and return within the allotted amount of time may result in loss of credit.

| | |
|-----------------------------|-----------|
| Attendees Full Name: | |
| License Number: | |
| National Producer Number: | |
| State Requesting Credit IN: | Wisconsin |
| Webinar Course Title: | |
| Webinar Course Date/Time: | |

Acknowledgement of Personal Responsibility

I certify that I personally participated in and attended all sessions of the Webinar course referenced above.

Signature:

Date:

To ensure CE credit for the Webinar course referenced above this form must be completed and returned to affidavit@scic.com within 2 days after the close of the course.