

EDUCATION ONLINE ATTESTATION FORM

I attest that I have spent the full 14 hours of study time required for the completion of this continuing education course. I affirm that the work submitted is my own and that no one assisted me with the completion of this course.

STUDENT'S NAME (PLEASE PRINT)

SIGNATURE

COMPLETION DATE (mm/dd/yyyy)

COMPANY NAME

Please read and acknowledge the above statement by signing and dating in the spaces provided. You will not be issued a certificate of completion for this continuing education course until this form is received by Financial Strategies. Make a copy of this form for your records and return the signed original to Financial Strategies:

**Financial Strategies
Attn: Evaluation Department
695 Pro-Med Lane
Carmel, IN 46032**

IN ORDER TO BE PROCESSED PROMPTLY, THIS SIGNED AND COMPLETED FORM MUST BE POSTMARKED OR PREPARED FOR DELIVERY **NO LATER THAN DECEMBER 31ST.**

FINANCIAL STRATEGIES MUST RECEIVE THIS FORM IN OUR OFFICE **NO LATER THAN JANUARY 3RD** IN ORDER FOR YOU TO RECEIVE EDUCATIONAL CREDIT FOR THE PREVIOUS CALENDER YEAR.

IF YOU DELIVER THIS FORM TO FINANCIAL STRATEGIES **AFTER JANUARY 3RD YOUR CONTINUING EDUCATION CREDIT WILL BE APPLIED TO THE CURRENT CALENDER YEAR INSTEAD.** UNLESS YOU HAVE COMPLETED ADDITIONAL ACCREDITED EDUCATION DURING THE PREVIOUS YEAR, YOU WILL NOT BE IN COMPLIANCE WITH YOUR STATES' EDUCATIONAL REQUIREMENTS.