

# INSTRUCTOR'S CERTIFICATION

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_  
*Please print your full name* *Please print full name of student*

attended and successfully completed the required pre-licensing study course in preparation for the title examination. I further certify that the course was taught under my supervision, that the curriculum included all materials in the Examination Content Outline approved by the Virginia State Corporation Commission as set forth in Section 38.2-1814.1 of the Code of Virginia, as amended, and that the individual named above attended the full number of classroom or equivalent distance learning hours required by said section of the Code of Virginia, as indicated below. I further certify that the following information is true and correct.

## Course provided and number of classroom hours

Title Insurance – 16 CLASSROOM hours of instruction, or equivalent number of distance learning hours or a combination thereof were provided

Course Completion Date: \_\_\_\_\_

### Note:

§ 38.2-1814.1 of the Code of Virginia states in part: "An instructor who is found to have submitted a materially false certification that an applicant completed the requisite number of classroom or distance education hours shall be deemed to have committed a knowing and willful violation of this section and be subject to the penalties as set forth in § 38.2-218. If the instructor is also a licensed insurance agent or insurance consultant, the Commission may also impose on the instructor the penalties set forth in § 38.2-1831 or 38.2-1843, as applicable." The penalties referred to above include fines of up to \$5,000 for each violation as well as suspension or revocation of the instructor's agent or consultant license(s).

\_\_\_\_\_  
**Signature of Instructor**

( ) Check if you are licensed as an insurance agent in Virginia

\_\_\_\_\_  
**Business Address of Instructor**

\_\_\_\_\_  
**Business Telephone Number of Instructor**

*You must submit this original form to the Proctor  
at the testing center.  
Do not submit this form to the Bureau of Insurance*

# AFFIDAVIT OF COURSE COMPLETION

Title Insurance Course – 16 hours of Classroom Study, Distance Learning or any combination thereof

*Applicants are advised to immediately report to the Bureau of Insurance any pre-licensing course provider or instructor who indicates that anything less than 16 hours of training, whether classroom or equivalent distance learning, is acceptable.*

I, \_\_\_\_\_, hereby certify, under penalty of perjury, that I have attended and  
*Please print full name*  
successfully completed the pre-licensing study course indicated above in preparation for the title examination. I understand that I must pass the Title examination within one year of the date of completion of this study course and that if I fail to pass the examination within one year of the completion of this study course, I must take a study course again before re-testing.

**Note:**  
§ 38.2-1814.1 of the Code of Virginia states in part: "An applicant who is found to have submitted a materially false proof of course completion shall, in addition to any applicable civil or criminal penalties for perjury, be deemed to have committed a knowing and willful violation of this section and be subject to the penalties as set forth in § 38.2-218. Upon receipt of acceptable proof that an applicant submitted a materially false proof of course completion, the Commission may administratively terminate any license issued based upon such submission."

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*I.D. Number (Social Security #)*

\_\_\_\_\_  
*Residence Address*

\_\_\_\_\_  
*City State Zip*

STATE OF \_\_\_\_\_

COUNTY OR CITY OF \_\_\_\_\_

This day the above individual appeared before me, the undersigned Notary Public, for the jurisdiction stated above, acknowledged the above signature as his or her own, and made oath that the matters and things stated in the foregoing are true to the best of his or her knowledge, belief and information.

GIVEN UNDER MY HAND THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

MY COMMISSION EXPIRES THE \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary*

*You must submit this original form to the Proctor at the testing center.  
Do not submit this form to the Bureau of Insurance.*