

# QUEST CE

The leader in insurance education

Please fax your completed, state-required affidavit to:

**414-375-3449**

## **Arkansas Insurance Department**

Producers Continuing Education

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**RULE 50, SECTION 4. (B.)(10.)(e.)** Any person with no family or financial relationship to the licensed producer may proctor an examination under this Rule.

Proctors must be a disinterested third party and shall not serve for examinations of: family members or relatives or dependents, employers or supervisors, employees or subordinates, partners or joint ventures or co-owners, current or former teachers or pupils, neighbors or personal friends or significant others, or for anyone in whom the proctor has an economic or other interest in assuring the successful outcome of the examination.

ARKANSAS INSURANCE DEPARTMENT  
APPENDIX G  
CORRESPONDENCE COURSE  
CERTIFICATION OF COMPLETION AND PROCTOR AFFIDAVIT  
FOR USE WITH RULE 50

All Correspondence Courses must have a proctored exam to be valid. Form must be typed or printed.

<b>LICENSEE'S INFORMATION</b>	
Name of Licensee:	_____
License's License #:	_____
Resident Address:	_____
Business Phone #:	_____
Producer Signature:	_____
	Date: _____
	<i>*must match date of exam completion</i>

<b>PROCTOR INFORMATION</b>	
Proctor's Name:	_____
Proctor's Address:	_____
Proctor's Phone Number:	_____
Proctor's Driver's License Number:	_____
	State of Issue: _____
Start Time of Exam:	_____
End Time of Exam:	_____
Date of Completion of Exam:	_____
Location of Examination:	_____

**ATTESTATION**

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above named licensee and that the examination was provided as instructed by the Course Provider. I assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of any efforts to circumvent the requirements of the proctored examination, and I have no special interest to ensure the licensee passes the examination. I understand that this affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Arkansas Insurance Code or Rule penalties.

\_\_\_\_\_  
Signature of Proctor

\_\_\_\_\_  
Date *\*must match date of exam completion*

Once Licensee has tested and Proctor has completed form - Provider completes and sends to Department.

<b>CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)</b>	
Course Name:	_____
Course #:	_____
Provider Name:	_____
Provider #:	_____

Signature of Provider Responsible Contact

	Date: _____
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