

WASHINGTON DC MONITOR AFFIDAVIT

It is your responsibility to print, complete, sign and fax this required monitor affidavit to **Quest Continuing Education Solutions** at 414-375-3449. FAILURE TO SUBMIT THE AFFIDAVIT WITHIN ONE BUSINESS DAY OF EXAM COMPLETION WILL RESULT IN LOSS OF COURSE CREDIT.

Student Exam Certification / Declaration of Compliance

To be completed and signed by student.

Print Name of Student: _____ Phone: _____

State of Licensure: _____ License Number: _____ Expiration: _____

I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to file and/or maintain my certificate of completion as required by the state insurance department.

Student Signature

Date * must match date of exam completion

Affidavit of Exam Monitor

To be completed and signed by exam monitor.

Course Title: _____

Date of Exam Completion: _____ Start Time: _____ End Time: _____

Location of Exam Completion: _____

Print Monitor Name: _____

Monitor Company Name: _____ Monitor Title: _____ Daytime Phone: _____

Monitor Business Address: _____

Type of identification presented (*optional*): _____

Indicate Type of Monitor

Disinterested Third Party

Defined as someone with NO family, friend, employment relationship or being in the income stream of the student. Monitor may not be employed by the same company as student. Examples might be testing center employee, librarian, teacher, or public official.

I hereby certify that I personally observed the above named student during the completion of this online examination and also observed that the student received no outside assistance in completing the examination.

Monitor Signature

Date * must match date of exam completion