

# KANSAS 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 TWO BUSINESS DAYS OF EXAM COMPLETION MAY 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

**Kansas Insurance Commissioner Course Application and Approval Guidelines Self-Study / Internet Courses**

Examination monitors shall not be affiliated in any way with the sponsoring organization or the licensee and shall be subject to approval by the commissioner.

**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