



SOUTH CAROLINA DEPARTMENT OF INSURANCE

SOUTH CAROLINA DEPARTMENT OF INSURANCE - AFFIDAVIT OF EXAM PROCTORING

Please note: This form should be returned to the sponsor/vendor. The sponsor/vendor must keep a copy of this affidavit with a copy of the exam for three (3) years after the exam was completed.

Section I – To be completed by Proctor

I certify under the penalty of perjury that I have verified the identification (including a photo ID and producer license number) of the said producer named below. The producer completed the examination independently and *without the assistance of any course materials, other source materials, advance review of the examination or from any persons*. I certify that the exam answer sheet and all scratch paper given to the examinee were returned and no copy of the examination(s) was/were made by the examinee. I also certify that I mailed/delivered the answer sheet and all other required materials to the vendor within two business days of the exam date. I hereby certify that I have not made or retained copies of any examination or work papers for further distribution.

Further, I certify that I am a Disinterested Third Party and not someone who is: (A) a minor; (B) a relative of the producer; (C) an immediate supervisor/manager of the producer, or (D) a person with an economic or other interest in assuring the successful outcome of the examination.

NOTE: Employment by the same company or working for the same employer does not mean a person has ‘an economic or other direct interest in assuring the successful outcome of the examination.’ For example: a co-employee or co-worker of the producer taking the competency examinations may administer the examination so long as the other requirements of this subparagraph are met and such co-employee or co-worker does not work on a regular basis with the producer in marketing or sales capacity the examinee is not related.

Proctor's Printed Name: _____

Proctor's Business Mailing Address: _____

Day Time Phone Number: _____

Signature of Proctor: _____

Section II – To be completed by Examinee

I certify under the penalty of perjury that I took the examination(s) *independently and without the assistance of any course materials, other source material, advance review of the examination(s), or from any persons*. I did immediately (Within 24 Hours), upon completion of the examination(s) return the exam, and answer sheet and all scratch paper to _____
No copy of the examination(s) was/were made. **(NAME OF CE COURSE SPONSOR)**

Proctor's Printed Name: _____

Date Exam Taken: _____ Course Title _____

Examinee's Printed Name: _____

Examinee's Signature: _____

Examinee's License Number: _____

Section III – To be completed by Examinee

If you participated in a classroom review session, please answer the following questions:

_____ I did I did not _____ participate in a classroom review session. If so, provide course number _____.

Name of the individual who conducted my review session: _____

Date/time/location of review session: _____

Length of review session: _____

Did you receive your course material at least seven (7) days in advance of the review session? _____ If no, when did you receive the course material? _____