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.

| typed or printed. | | |
|---------------------------------------|--|--------------------|
| LICENSEE'S INFORMATION | | |
| Name of Licensee: | | |
| Licensee's's License # | | |
| Resident Address: | City or State | |
| Street or P.O. Box | City or State | Zip |
| Business Phone # | | |
| Producer Signature | Date | |
| | | |
| PROCTOR INFORMATION: | | |
| Proctors Name: | | _ |
| Proctors Address: | | _ |
| Proctors Phone Number: | | _ |
| Proctors Driver's License # | State of Issue End Time of Exam | - |
| Start Time of Exam | End Time of Exam | |
| | n | |
| | | |
| ATTESTATION: | | |
| | proctored the above correspondence examina | |
| to the above name licensee and | that the examination was provided as instr | ructed by the |
| Course Provider. I assure the C | Commissioner that no attendee was permitted | l to use study |
| materials or have assistance duri | ing the exam. Further, I am not part of, or | aware of any |
| efforts to circumvent the require | ments of the proctored examination, and I have | ave no special |
| interest to ensure the licensee pa | asses the examination. I understand that th | is affidavit is |
| | on, and that false information shall be ground | |
| Arkansas Insurance Code or Rul | e penalties. | • |
| | | |
| | | _ |
| Signature of Proctor | Date | |
| | | |
| Once Licensee has tested and l | Proctor has completed form—Provider comp | letes and sends to |
| | Department | |
| CONTINUING EDUCATION PI | ROVIDER INFORMATION (Completed by 1 | Provider |
| only) | | |
| Course Name | Course # | |
| Provider Name | Provider's # | |

Signature of Provider Responsible Contact

| Date: |
|-------|
| |