

**South Carolina  
AFFIDAVIT OF EXAM MONITOR**

Section I – To be completed by Proctor/Instructor

I certify that I have verified the identification of the said agent named below. The agent completed the examination *independently* and *without the assistance of any course materials, other source material, 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 2 business days of the exam date.

Proctor's/Instructor's Printed Name: \_\_\_\_\_

Proctor/Instructor's approval number: \_\_\_\_\_

Proctor/Instructor's Business Mailing Address: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Signature of Proctor/Instructor: \_\_\_\_\_

Section II – To be completed by Examinee

I certify 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, upon completion of the examination(s) return the exam, answer sheet and all scratch paper to \_\_\_\_\_ (Name of Proctor/Instructor).

No copy of the examination(s) was/were made.

Date Exam Taken: \_\_\_\_\_

Examinee's Printed Name: \_\_\_\_\_

Examinee's Signature: \_\_\_\_\_

Examinee's Social Security Number: \_\_\_\_\_

Section III – To be completed by Examinee

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

I did participate in a classroom review session.

Name of the instructor(s) who conducted my review session: \_\_\_\_\_

Date/time/location of review session: \_\_\_\_\_

Length of review session: \_\_\_\_\_

Did you receive your course material at least 7 days in advance of the review session? \_\_\_\_\_

If not, when did you receive the course material? \_\_\_\_\_

*Please note: The sponsor/vendor must send a copy of this affidavit with the completed class roster to the CE Record keeper.*

SCID Form 3616