

**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.

LICENSEE'S INFORMATION			
Name of Licensee: _____			
Licensee's License # _____			
Resident Address: _____			
	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 _____
Start Time of Exam _____	End Time of Exam _____
Date of Completion of Examination _____	
Location of Examination _____	

ATTESTATION:

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above name licensee and that the examination was provided as instructed by the Course Provider. I assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of any efforts to circumvent the requirements of the proctored examination, and I have no special interest to ensure the licensee passes the examination. I understand that this affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Arkansas Insurance Code or Rule penalties.

Signature of Proctor

Date

Once Licensee has tested and Proctor has completed form—Provider completes and sends to Department

CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)	
Course Name _____	Course # _____
Provider Name _____	Provider's # _____

Signature of Provider Responsible Contact

	Date:
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