



MISSOURI DEPARTMENT OF  
INSURANCE  
FINANCIAL INSTITUTIONS  
AND PROFESSIONAL  
REGISTRATION  
LICENSING SECTION  
AFFIDAVIT OF EXAM  
PROCTOR

P.O. BOX 690 OR  
P.O BOX 4001 FOR  
CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 65102  
TELEPHONE: (573) 751-3518

**DO NOT SEND THIS FORM TO THE MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION. YOU MUST SEND THIS FORM TO THE CONTINUING EDUCATION PROVIDER.**

Self-study courses must have a proctored, closed book examination. Course and personal notes may not be used. An exam proctor is defined by 20 CSR 700-3.200 as a determined third party of at least eighteen (18) years of age, who has no corporate, employment or personal relationship, or other interest, in the student's performance on the examination.

If the final examination is in written form, it will be provided to you in a separate, sealed provider envelope to be opened by you when the student is ready to start the examination. Upon completion of the examination, you will place the examination in the envelope provided and mail it to the provider.

In the case of the computer or internet exam, you will need to witness the student accessing the examination. You will then follow any on-line instructions for completing and submitting the proctor statements.

Producer Name:	Producer ID #:
Do you know the student/producer: Circle Y or N	If Yes, How?
If you do not know the producer, what is the producer's state Drivers License #?	Producer DL#
Exam Date:	Exam Location:

I hereby certify that I verified the identification of the student and administered the final examination in accordance with the Course Provider's instructions and I certify that it was complete without assistance or outside help of any kind. No copy of exam was made and it will be returned to the course provider immediately via mail or electronic submission (if computer or internet course/exam).

SIGNATURE OF PERSON ADMINISTERING EXAM (You can sign this form by typing in your name)

X

PROCTOR'S PRINTED NAME:

BUSINESS MAILING ADDRESS:

BUSINESS TELEPHONE NUMBER: