

Disinterested Third Party - Monitor/Proctor Form

To be used by examinees seeking insurance continuing education credits in

AL, CO, DC, GA, HI, ME, MI, NJ, NV, OH, RI, & WY

Test-Taker Information

Name: _____ Business/Daytime Phone: _____

Business/Daytime Address: _____ City: _____

State: _____ Zip: _____

License State: _____ License number: _____

Certification

I certify that I completed this examination without the outside assistance of any person. I certify that I used no outside materials or course materials in completing this exam.

Signature of Test-taker: _____ Date: _____

(You can sign this form by typing in your name)

Disinterested Third Party Information

Name: _____ Relationship to Test-Taker: _____

Business/Daytime Address: _____ City: _____

State: _____ Zip: _____

Business/Daytime Phone: _____ Insurance license number, if any: _____

License State if any: _____

Exam Information

Course Title: _____ Location of examination: _____

Completion date: _____

Certification

I certify that I verified the identification of the test-taker who signed above, and that the test-taker completed this examination without the outside assistance of any person. I certify that the test-taker used no outside materials or course materials in completing this exam.

Signature of Disinterested Third Party - Monitor/Proctor: _____ Date: _____

(You can sign this form by typing in your name)

Scan & Email to instructor@ce-professor.com or Fax to 857-383-2333