

This Affidavit should be used by examinees seeking insurance continuing education credits in Montana.

Disinterested Third Party/Monitor/Proctor Affidavit

This section to be completed by Disinterested Third Party/Monitor/Proctor.

Name		Relationship to Examinee	
Business/Daytime Address	City	State	Zip
Business/Daytime Phone	Fax	Insurance license held, if any	State of licensure
License #, if any	Registration # or Monitor 4 (Oregon)		
Course Title			
Location of examination	Completion date	Time exam began	Time exam ended

I certify that I verified the identification of the examinee who signed below, and that the examinee completed this examination without the outside assistance of any person. I certify that the examination was administered as a closed-book examination (except for AZ who may refer to the course material as often as needed), and the examinee used no outside materials or course materials in completing this exam. I certify that, to my knowledge, no copies of this examination were made. I certify that I meet the requirements of a Disinterested Third Party/Monitor/Proctor in the state for which this examinee seeks insurance continuing education. I certify that, for examinations for which credit is sought in MT the examination remained sealed until the time of testing. I further certify that for examinations for which credit is sought, I am not a relative, work supervisor, or immediate employer of the examinee. An employee is much more likely to be pressured to falsify an affidavit, as is evidenced by the securities action against State Farm on this issue.

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

This section to be completed by Examinee.

Name	Business/Daytime Phone	Fax	
Business/Daytime Address	City	State	Zip
Insurance license held	State of licensure	License number	

I certify that I completed this examination without the outside assistance of any person. I certify that the examination was administered as a closed-book examination, if required, and that I used no outside materials or course materials in completing this exam. I certify that I did not make or retain copies of this examination. I certify that, upon completion of this examination, I immediately returned my exam booklet, answer sheet, and this Affidavit to the Disinterested Third Party/Monitor/Proctor.

Signature of Examinee _____ Date _____

Scan & Email to instructor@ce-professor.com or Fax to 857-383-23333