

This Affidavit should be used by examinees seeking insurance continuing education credits in AL, CO, DC, GA, HI, KS, MI, MN, NJ, NV, RI, & WY. Examinees seeking insurance continuing education credits in AR, AZ, CT, FL, IA, IN, MA, MO, MS, MT, NC, NE, NY, OH, OK, OR, PA, SC, VA, VT, WI, & WV should use the State-specific Affidavit provided.

## **Disinterested Third Party/Monitor/Proctor Affidavit**

This section to be completed by Disinterested Third Party/Monitor/Proctor. Please check your individual state requirements to determine if you qualify as a Disinterested Third Party/Monitor/Proctor in the applicable state.

\_\_\_\_\_  
Name Relationship to Examinee

\_\_\_\_\_  
Business/Daytime Address City State Zip

\_\_\_\_\_  
Business/Daytime Phone Fax Insurance license held, if any State of licensure

\_\_\_\_\_  
Insurance license #, if any Instructor # or Monitor #, if any

\_\_\_\_\_  
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 AL, CO, DC, GA, HI, KS, MI, MN, NJ, NV, RI, & WY 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.

\_\_\_\_\_  
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

Please return answer sheet, Affidavit and Student Information Form to BEST. Materials may be mailed to Broker Educational Sales & Training, Inc., 7137 Congress Street, New Port Richey, FL 34653 or faxed to 727-372-7585.