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 's License # Resident Address: Street or P.O. Box Date PROCTOR INFORMATION: Proctors Name: Proctors Name: Proctors Phone Number: Proctors Phone Number: Proctors Driver's License # Start 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 to Department CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only) Course Name Course Mame Provider Name Provider's #			
Resident Address: Street or P.O. Box Street or P.O.	Name of Licensea:		
Resident Address: Street or P.O. Box Street or P.O.	Name of Licensee.		
Resident Address: Street or P.O. Box	Licensee's's License #		
PROCTOR INFORMATION: Proctors Name: Proctors Address: Proctors Phone Number: Proctors Driver's License #	Resident Address:		
PROCTOR INFORMATION: Proctors Name: Proctors Address: Proctors Phone Number: Proctors Driver's License #	Street or P.O. Box	City or State	Zip
PROCTOR INFORMATION: Proctors Name:	Business Phone #	Data	
Proctors Name:	Producer Signature	Date	
Proctors Name:			
Proctors Address: Proctors Phone Number: Proctors Driver's License #			
Proctors Phone Number: Proctors Driver's License #	Proctors Name:		
Proctors Driver's License # End Time of Exam	Proctors Address:		
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Instructions:

This completed form is to be returned to the Provider of the Course. No credit for the course will be given until the Provider has received this document. The Provider will provide a copy of this form to the Insurance Department by electronic media.