

HAWAII MONITOR AFFIDAVIT

It is your responsibility to print, complete, sign and fax this required monitor affidavit to **Quest Continuing Education Solutions** at 414-375-3449. FAILURE TO SUBMIT THE AFFIDAVIT WITHIN TWO BUSINESS DAYS OF EXAM COMPLETION MAY RESULT IN LOSS OF COURSE CREDIT.

If the fax number does not transmit, contact Quest Continuing Education Solutions for further assistance by calling: 877-593-3366, Option 1.

Student Exam Certification / Declaration of Compliance

To be completed and signed by student.

Print Name of Student: _____ Phone: _____

State of Licensure: _____ License Number: _____ Expiration: _____

I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to file and/or maintain my certificate of completion as required by the state insurance department.

Student Signature

Date * must match date of exam completion

Affidavit of Exam Monitor

To be completed and signed by exam monitor.

Course Title: _____

Date of Exam Completion: _____ Start Time: _____ End Time: _____

Location of Exam Completion: _____

Print Monitor Name: _____

Monitor Company Name: _____ Monitor Title: _____ Daytime Phone: _____

Monitor Business Address: _____

Type of identification presented (*optional*): _____

Indicate Type of Monitor

Disinterested Third Party

S431:9A-154 (7) (c) A Self-Study course examination shall not be administered by a person who:

- (1) Is related to, or is a business associate of, the licensee taking the examination; or
- (2) Has a financial interest in the success or failure of a licensee taking the examination.

I hereby certify that I personally observed the above named student during the completion of this online examination and also observed that the student received no outside assistance in completing the examination.

Monitor Signature

Date * must match date of exam completion