

# 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