

# WISCONSIN 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.

## 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 (*Required*): \_\_\_\_\_

### Indicate Type of Monitor

- Disinterested Third Party  
 Currently Licensed Agent

**Chapter INS 28  
Continuing Education**  
Ins 28.08 Correspondence courses.

- (1) Correspondence, self-study, and on-line courses may be approved if they meet the criteria under s. Ins 28.06 (6) and include successful completion of a certified proctored examination.  
(3) An approved proctor is an impartial, disinterested third party or currently licensed agent with no family or financial relationship to the student. The proctor shall verify the agent's identity and complete an affidavit supplied by the approved provider testifying that the agent received no outside assistance. Membership in a professional association/organization does not constitute a financial relationship.

Refer to Wisconsin OCI Frequently Asked Questions, Continuing Education: [http://oci.wi.gov/agentlic/faq\\_ce.htm](http://oci.wi.gov/agentlic/faq_ce.htm)

**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