

VERMONT 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 (*optional*): _____

Indicate Type of Monitor

Disinterested Third Party

Vermont Department of Banking, Insurance, Securities and Health Care Administration

Continuing Education Provider Information Packet

Program Requirements for Providers

23. Self-study courses must have a monitored, closed-book exam.

24. Self-study exams must be proctored by a disinterested third party in the manner described by the provider and be consistent with the course as approved by Prometric. The proctor must complete an Affidavit of Personal Responsibility. A disinterested third party is a person who is not in the direct line of supervision of nor has any financial interest in the success of the person taking the exam. The proctoring process must ensure the exam will be completed by the student, on a closed-book basis without assistance.

25. The proctor must be physically present as the student takes the exam.

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