

RHODE ISLAND 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
 Manager
 Training Representative

Rhode Island Continuing Education Course Provider Submission Guidelines

All course exams must be supervised by an individual of authority (i.e. manager or a training rep) or a disinterested third party.

A Disinterested third party is defined as someone who is not a family member or friend of the student. Examples might be testing center employee, librarian, teacher, or public official.

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