## **CONNECTICUT** 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.

		Phone:
State of Licensure:	License Number:	Expiration:
	y to file and/or maintain my	assistance from any outside source. certificate of completion as required
Student Signature	Ι	Date * must match date of exam completion
avit of Exam Monitor		
completed and signed by exam monit	tor.	
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):		
material approve in the direct line of	d by the commissioner and administered b	eval provided they include an examination on course by an impartial and disinterested person who shall not be amination, nor have any financial interest in the success
	upervisor, subordinate, client, or family me center employee, librarian, teacher, training	mber. Exams may be monitored by a disinterested and g coordinator, or public official.
hereby certify that I personally of online examination and also obse completing the examination.		tudent during the completion of this ed no outside assistance in