WYOMING 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.

Print Name of Student:		Phone:
State of Licensure:	License Number:	Expiration:
I affirm that I personally co I understand it is my respo by the state insurance dep	onsibility to file and/or mainta	thout assistance from any outside source ain my certificate of completion as require
Student Signature		Date * must match date of exam completion
lavit of Exam Monitor		
completed and signed by exa	im monitor.	
Course Title:		
Date of Exam Completion:	Start Time:	End Time:
Location of Exam Completion:		
Print Monitor Name:		
Monitor Company Name:	Monitor Title	e: Daytime Phone:
Monitor Business Address:		
Type of identification presented (of	otional):	
Section 14 Credit for In (c.) All approved corres of the examinations mu A disinterested third pa the student - a supervis	rty n Governing Continuing Education dividual Study Programs spondence courses and independent study o ist be monitored by a disinterested third part rty has no family, friend or employment relat	courses must include a monitored examination. The administratio by. tionship to the student. Monitor may not be in the income stream onitor the examination. Example of a disinterested third party mi
	so observed that the student	med student during the completion of this received no outside assistance in