MONTANA 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:
	nsibility to file and/or maint	rithout assistance from any outside sou ain my certificate of completion as requ
Student Signature		Date * must match date of exam complet
avit of Exam Monitor		
completed and signed by exa	m monitor.	
Course Title:		
Date of Exam Completion:	Start Time:	End Time:
Location of Exam Completion:		
Print Monitor Name:		
Monitor Company Name:	Monitor Tit	le: Daytime Phone:
Monitor Business Address:		
Type of identification presented (op	tional):	
Indicate Type of Monitor Disinterested Third Par Montana Insurance Co		onsoring Organizations
based, text-based, vide disinterested third party relationship. The monito	nation is required as part of courses taugh o or audiotape and/or non-classroom telec . The monitor cannot be a member of the I or may not have financial dependence on t	It through non-classroom, distance-learning methods (compu- conference, etc.). A course examination monitor must be a icensees' family by birth, marriage or any other recognizable he licenseee; this excludes employers, employees, business passing the examination from monitoring examinations.
	o observed that the student	amed student during the completion of t received no outside assistance in