

# CE Course &/or Exam Proctor Affidavit

## Student / Licensee Name and Certification

(Please Print or Type - Writing Must Be Legible)

Name of Course &/or Exam \_\_\_\_\_

Date & Time of Course &/or Exam Completion \_\_\_\_\_

Company & Address where course &/or exam was completed \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_ (Please Print or Type - Writing Must Be Legible)  
\_\_\_\_\_  
(Date of Birth)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I certify that I personally completed the above-named course &/or exam without outside assistance of any kind.

Student Signature \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(Must match course &/or exam)

## Proctor Name and Certification

Proctor's Full Legal Name \_\_\_\_\_ (Please Print or Type - Writing Must Be Legible)

Note your relationship to the student. \_\_\_\_\_

Are you being compensated by student or their employer to proctor this course &/or exam?  Yes  No

I certify that I am a disinterested third party with no conflict of interest. I verified the identity of the student listed above on this form (i.e. valid photo ID), and I ensured that:

- the course was completed in its entirety and that I physically monitored the student throughout the entire course process.
- the exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire exam process.

Proctor Signature \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(Must match course &/or exam)

Employer & Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business/Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Rev 6.11.14)

(Please Print or Type - Writing Must Be Legible)