



**Department of Consumer & Business Services**

**Insurance Division — 3**

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**Continuing-Education  
Proctor Certification**

*A registered proctor must complete this form. All blanks must have a response.*

Proctor name: \_\_\_\_\_  
Last name First name Middle name

Exam location: \_\_\_\_\_  
Address State ZIP

**Certification**

I, \_\_\_\_\_, understand that as a proctor of independent-study continuing-education courses, I am responsible for the following:

- Verifying the identification of the student, using appropriate photo ID.
- Opening the sealed examination envelope.  
(A student cannot take the exam if the envelope is opened by someone other than the proctor.)
- Verifying that the exam (including written material) was completed without assistance or outside help.
- Completing the proctor affidavit.
- Personally mailing the exam to the continuing-education course provider.

I, \_\_\_\_\_, swear that I am the person named above, have read and do understand my responsibilities as a proctor of independent-study continuing-education courses, and that I have signed this certification.

\_\_\_\_\_  
Signature of proctor

\_\_\_\_\_  
Date