ARKANSAS INSURANCE DEPARTMENT APPENDIX G CORRESPONDENCE COURSE CERTIFICATION OF COMPLETION AND PROCTOR AFFIDAVIT FOR USE WITH RULE 50

All Correspondence Courses must have a proctored exam to be valid. Form must be typed or printed.

Street or P.O. Box City or State Zip	Resident Address:		
Street or P.O. Box City or State Zip Business Phone# Producer Signature Date PROCTOR INFORMATION: Proctors Name: Proctors Phone Number: Proctors Phone Number: State of Issue Start Time of Exam End Time of Exam Date of Completion of Examination: ATTESTATION: A continue of Examination: Location of Examination or over the course Provider. I assure the Commissioner that no attendee was near mitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of any efforts to circumvent the requirements of the proctored examination, and I have no special interest to ensure the licensee passes the examination. I understand that this affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Arkansas Insurance Code or Rule penalties. Liture of Proctor Date Date Ince Licensee has tested and Proctor has completed form Provider comple sends to Department CONTINUING EDUCATION PROVIDER INFORMATION (Completed b Provider only) Course Name Course # Provider # Lignature of Provider Responsible Contact Provider Responsible Contact Course # Provider Name Provider # Lignature of Provider Responsible Contact Provider Responsible Contact Contact Provider Responsible Contact Provider Responsible Contact Lignature of Provider Responsible Contact Provider Signature Provider Responsible Contact Light Provider Responsible Contact Provider Signature Provider Responsible Contact Location Date Provider Responsible Contact Location Date Provider Responsible Contact Location Date Provider Responsible Contact	Street or P.O. Boy	·	
Business Phone# Producer Signature		City or State	Zip
PROCTOR INFORMATION: Proctors Name: Proctors Phone Number: Proctors Driver's License # State of Issue Start Time of Exam End Time of Exam Date of Completion of Examination: Location of Examination: ATTESTATION: I do hereby solemnly attest that I proctored the above correspondence examination provided to the above name licensee and that the examination was provided as instructed by the Course Provider. I assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of any efforts to circumvent the requirements of the proctored examination, and I have no special interest to ensure the licensee passes the examination. I understand that this affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Arkansas Insurance Code or Rule penalties. The proctor Date CONTINUING EDUCATION PROVIDER INFORMATION (Completed b Provider only) Course Name Course # Provider Name Provider Responsible Contact	Business Phone#	210, 07 21410	p
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