

**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.**

<b>LICENSEE'S INFORMATION</b>			
Name of Licensee: _____			
Licensee's License # _____			
Resident Address: _____			
Street or P.O. Box		City or State	Zip
Business Phone# _____			
Producer Signature _____		Date _____	

<b>PROCTOR INFORMATION:</b>	
Proctors Name: _____	
Proctors Address: _____	
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.

\_\_\_\_\_  
Signature of Proctor

\_\_\_\_\_  
Date

**Once Licensee has tested and Proctor has completed form --- Provider completes and sends to Department**

<b>CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)</b>	
Course Name _____	Course # _____
Provider Name _____	Provider # _____

\_\_\_\_\_  
Signature of Provider Responsible Contact

\_\_\_\_\_  
Date:

Student ID# \_\_\_\_\_