

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)