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. Forms must be typed or printed.

LICENSEE INFORMATION

Name of Licensee: _____

Licensee's License #: _____

Resident Address: _____

Resident City/State: _____

Business Phone#_____

Adjuster Signature_____ Date_____

PROCTOR INFORMATION

Proctors Name: _____

Proctors Address: _____

Proctors City/State: _____

Proctors Phone Number: _____

Proctors Driver's License #:_____ State of Issue: _____

Start Time of Exam: _____ End Time of Exam: _____

Date of Completion 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 effort 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 the Department.**

CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)

Course Name: A Matter of Ethics **Course#198871**

Provider Name:AE21 Incorporated **Provider#11667**

Signature of Provider Responsible Contact

Date:

***Upon completion, the form must be returned to AE21 Online via fax to (813) 949-5550 or by email to arkansasproctor@ae21online.com.**