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: Insurance Issues in Arson Investigations **Course# 198884**
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.**