

**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.**

<b>LICENSEE INFORMATION</b> Name of Licensee: _____ Licensee's License #: _____ Resident Address: _____ Resident City/State: _____ Business Phone# _____ Adjuster Signature _____ Date _____
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<b>PROCTOR INFORMATION</b> 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: _____
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**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.**

<b>CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)</b> Course Name: <u>Medicare Setasides &amp; Claims Management</u> Course# <u>198861</u> Provider Name: <u>AE21 Incorporated</u> Provider# <u>11667</u>
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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](mailto:arkansasproctor@ae21online.com).**