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.

Signature of Proctor Once Licensee has tested and Proctor has completed form—Provider completes and se to Department CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)	LICENCEESC INFORM	LATION		
Resident Address: Street or P.O. Box City or State Zip				
Resident Address: Business Phone #	Name of Licensee:			
Business Phone #	Licensee's License #			
Business Phone #	Resident Address:	et or P O Roy	City or State	7in
PROCTOR INFORMATION: Proctors Name: Proctors Address: Proctors Phone Number: Proctors Driver's License #	Bucc	Ct Of I.O. DOX	City of Blate	210
PROCTOR INFORMATION: Proctors Name: Proctors Address: Proctors Phone Number: Proctors Driver's License #	Producer Signature		Date	
Proctors Name:				
Proctors Name:	PROCTOR INFORMA	TION:		
Proctors Address: Proctors Phone Number: Proctors Priver's License #				
Proctors Phone Number: Proctors Driver's License #	Proctors Address:			
Proctors Driver's License #	Proctors Phone Number			
Start Time of Exam End Time of Exam	Proctors Driver's License	 : #	State of Issue	
Date of Completion of Examination	Start Time of Exam	End T	ime of Exam	
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 se to Department CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only) Course Name Course # Provider Name Broker Educational Sales & Training, Inc. Provider's # 1386 Signature of Provider Responsible Contact	Date of Completion of Ex	xamination		
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