

**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.**

|                               |  |               |     |
|-------------------------------|--|---------------|-----|
| <b>LICENSEE'S INFORMATION</b> |  |               |     |
| Name of Licensee: _____       |  |               |     |
| Licensee's License # _____    |  |               |     |
| Resident Address: _____       |  |               |     |
| Street or P.O. Box            |  | City or State | Zip |
| Business Phone # _____        |  |               |     |
| Producer Signature _____      |  | Date _____    |     |

|   |                        |
|---|------------------------|
| <b>PROCTOR INFORMATION:</b>             |                        |
| Proctors Name: _____                    |                        |
| Proctors Address: _____                 |                        |
| Proctors Phone Number: _____            |                        |
| Proctors Driver's License # _____       | State of Issue _____   |
| Start Time of Exam _____                | End Time of Exam _____ |
| Date of Completion of Examination _____ |                        |
| Location 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 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 sends to Department**

|   |                          |
|---|--------------------------|
| <b>CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)</b> |                          |
| Course Name _____   | Course # _____           |
| Provider Name <b>Broker Educational Sales &amp; Training, Inc.</b>            | Provider's # <b>1386</b> |

Signature of Provider Responsible Contact

\_\_\_\_\_  
Date: