



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
 LICENSING SECTION

AFFIDAVIT OF EXAM PROCTOR

P.O. BOX 690 OR
 P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
 JEFFERSON CITY, MO 65102
 TELEPHONE: (573) 751-3518

DO NOT SEND THIS FORM TO THE MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION. YOU MUST SEND THIS FORM TO THE CONTINUING EDUCATION PROVIDER.

Self-study courses must have a proctored, closed book examination. Course material and personal notes may not be used. An exam proctor is defined by 20 CSR 700-3.200 as a disinterested third party of at least eighteen (18) years of age, who has no corporate, employment or personal relationship, or other interest, in the student's performance on the examination.

If the final examination is in written form, it will be provided to you in a separate, sealed, provider envelope to be opened by you when the student is ready to start the examination. Upon completion of the examination, you will place the exam in the envelope provided and mail it to the provider.

In the case of a computer or internet exam, you will need to witness the student accessing the examination. You will then follow any on-line instructions for completing and submitting the proctor statements.

1) PRODUCER NAME	ID NUMBER
------------------	-----------

2) DO YOU KNOW THE STUDENT?
 YES NO How: _____ If no, please confirm the student's identification by requesting a photo ID.

3) DATE EXAM TAKEN	LOCATION EXAM TAKEN
--------------------	---------------------

4) START TIME OF EXAM	STOP TIME OF EXAM
-----------------------	-------------------

I hereby certify that I verified the identification of the student and administered the final examination in accordance with the Course Provider's instructions and I certify that it was completed without assistance or outside help of any kind. No copy of the exam was made and it will be returned to the course provider immediately via mail or electronic submission (if a computer or internet course/exam).

SIGNATURE OF PERSON ADMINISTERING EXAM

▶

PROCTOR'S PRINTED NAME

BUSINESS/MAILING ADDRESS

BUSINESS TELEPHONE NUMBER