

CE Course &/or Exam Proctor Affidavit

Student / Licensee Name and Certification

(Please Print or Type - Writing Must Be Legible)

Name of Course &/or Exam _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name, License Number, & DOB

(Please Print or Type - Writing Must Be Legible)

(Name) (License #) (Date of Birth)

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____

I certify that I personally completed the above-named course &/or exam without outside assistance of any kind.

Student Signature _____ Date (____/____/____)
(Must match course &/or exam)

Proctor Name and Certification

Proctor's Full Legal Name

(Please Print or Type - Writing Must Be Legible)

Note any relationship to the student. _____

I certify that I am a disinterested third party with no conflict of interest. I verified the identity of the student listed above on this form (i.e. valid photo ID), and I ensured that:

- the course was completed in its entirety and that I physically monitored the student throughout the entire course process.
- the exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire exam process.

Proctor Signature _____ Date (____/____/____)
(Must match course &/or exam)

Employer & Job Title _____

Business Address _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____

(Rev 7.22.14)

(Please Print or Type - Writing Must Be Legible)

Student / Licensee Name and Certification Page

TO BE ATTACHED TO

CE Course &/or Exam Proctor Affidavit

(Please Print or Type - Writing Must Be Legible)

(Use this two-page form only when there are **multiple** students in one location.)

Notice: One of these forms must be completed & signed by each student. The completed form **MUST be attached to** the multiple student Proctor Affidavit form completed by the Proctor. Both completed forms must be kept on file by the Education Provider for 3 years from the date of course completion.

Name of Course &/or Exam _____ Course# _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____



Student's Full Legal Name, License Number, & DOB (Please Print or Type - Writing Must Be Legible)

(Name) (License #) (Date of Birth)

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____

I certify that I personally completed the above-named course &/or exam *without outside assistance of any kind.*

Student Signature _____ Date (____/____/____)
(Must match date of course &/or exam & Proctor form)

(Please Print or Type - Writing Must Be Legible)

CE Course &/or Exam Proctors (Multiple Student) Affidavit Form

(Please Print or Type - Writing Must Be Legible)

(Use only when there are **multiple** students in one location.)

Notice: This form must be completed & signed by the qualifying Proctor. This completed form **MUST** be attached to a completed student Affidavit form for each student listed below. (Up to 24 student forms per Proctor form.) All completed forms must be kept on file by the Education Provider for 3 years from the date of course completion.

Name of Course &/or Exam _____ Course # _____

Date & Time of Course &/or Exam Completion _____

Company & Address where course &/or exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name & License Number - (One Per Box) (Please Print or Type - Writing Must Be Legible)

1	13
2	14
3	15
4	16
5	17
6	18
7	19
8	20
9	21
10	22
11	23
12	24

Proctor Name and Certification

Proctor's Full Legal Name _____ (Please Print or Type - Writing Must Be Legible)

Note any relationship to any student on above list.

I certify that I am a disinterested third party **with no conflict of interest**. I verified the identity of each and every student listed above on this form (or attached on additional pages) (i.e. valid photo ID), and I ensured that:

the **course** was completed in its entirety and that I physically monitored each and every student throughout the entire **course** process.

the **exam** was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire **exam** process.

Proctor Signature _____ Date (____/____/____)

(Must match date of course &/or exam & Students form)

Employer & Job Title _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____