

**Generic Document**  
**Student 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.

Course# \_\_\_\_\_ Title of Course & Exam \_\_\_\_\_

Date & Time of Course & 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)

Generic Document

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.

Course# \_\_\_\_\_ Title of Course & Exam \_\_\_\_\_

Date & Time of Course & 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)

Table with 2 columns and 12 rows for student names and license numbers.

Proctor Name and Certification

Proctor’s Full Legal Name (Please Print or Type – Writing Must Be Legible)

Note your type of relationship to any student on above list. \_\_\_\_\_

I certify that I am at least 18 years of age, with no financial or other conflict of interest with respect to a student’s successful completion of the course or the examination. 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

- checkbox the course was completed in its entirety and that I physically monitored each and every student throughout the entire course process.
checkbox 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 \_\_\_\_\_