



Minnesota Department of Commerce
 85 7th Place East, Suite 280
 Saint Paul, MN 55101
 PHONE: 651-539-1599

OFFICE USE ONLY

Date: _____ Course #: _____

APPROVED DENIED RETURNED

Reviewed By: _____ Date: _____

CLASSROOM DISTANCE LEARNING / SELF-STUDY or INTERACTIVE INTERNET

COMPANY-SPONSORED

Number of **INSURANCE** credits approved _____

Short Form **NOT ALLOWED** for: Flood, LTC/MA/PT, Annuities, & Ethics.

(Please Note: This application, with fee, must be submitted at least 30 days before the initial proposed course date.)

FOR USE BY QUALIFIED PROVIDERS ONLY

Insurance Producers and Adjusters

CONTINUING EDUCATION COURSE APPROVAL APPLICATION SHORT FORM

Do NOT use this short form for Flood, LTC/MA/PT, Annuities &/or Ethics required course credits.

Course Title: _____

(Please Print or Type)

Initial Proposed Date(s) of Course: _____

PROVIDER/COORDINATOR INFORMATION This form can only be used by a bona fide trade association a degree-granting institution, or private school that as a Standard education provider applied for & received approval as a "Qualified" license continuing education provider that is currently active, and in good standing with the MN Dept. of Commerce.

Provider Name (In Full - Exactly as it appears on your MN approval letter)	(REQUIRED) QUALIFIED MN Provider ID #
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Provider Address

City	State	Zip
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Provider Phone Number ()	Provider Fax ()	Provider Toll-Free ()
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Website

Coordinator Name

Coordinator Business Telephone ()	(REQUIRED) Coordinator Direct Email
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Federal Employer Identification Number (REQUIRED)
 FEIN

APPLICATION FEE (*Only check or money order accepted*) License Type: **INSURANCE**
New Course: \$10 per hour or a fraction of an hour. (Example: 1.5Hrs = \$20) Fractions not less than 15 minutes.
(Must list & include fee for all hours you want reviewed, regardless of how many hours are awarded.)
 45.23 LICENSE EDUCATION FEES. The following fees must be paid to the commissioner: (1) initial course approval, \$10 for each hour or fraction of one hour of education course approval sought.

This Submission Contains Concurrent / Breakout Sessions & fee submitted includes all sessions we are seeking approval for. Example: 3 separate concurrent 1-hr (1PM-2PM) sessions would cost \$30 for us to review the 3 sessions. Licensee would choose 1 session to attend for 1-hr credit.

Total # of Requested Hours to Review: _____ Total # of Hours Requested for Licensee Credit: _____

Fee Submitted for (A) Total # of Hours to Review: _____ Check Number: _____

Method of Presentation / Instruction

Insurance and Real Estate Continuing Education Only

Step 1: Choose ONLY ONE of the Two Methods of Instruction per Application and Fee

See **Minn. Statutes Chapter 45** regarding internet interactive course requirements (See Appendix B) and verifiable proctors. Proctor forms are located at the end of the course application.

Course is taught live or real-time.

Minnesota Statutes Chapter 45.25 Subd. 2a. **Classroom course.** "Classroom course" means an educational process based on live or real-time instruction including, but not limited to:

(1) a course in which there is no geographic separation of instructor and learner;

[Note: This method is commonly known as Standard Classroom. Students are physically monitored by approved instructor or coordinator.]

(2) a course **taught live** that is concurrently simulcast to remote locations and **where each location is monitored by a proctor**; and

[Note: This method normally used for multiple students in one remote location, without an online individual process to authenticate student's identity and technology to guarantee seat time; which therefore requires proctor certifications. Two page proctor forms are located at the end of each course application.]

(3) a course **taught live** that is concurrently simulcast to individual students online and **that includes a process to authenticate the student's identity and technology to guarantee seat time.**

[Note: Proctors are NOT required for this method.]

[Note: For ALL above Classroom course methods... No EXAMINATION is required unless required by provider or an exam is required for a special required course. (Example: required real estate modules or required insurance LTC course).]

Course is NOT taught live or real-time.

Minnesota Statutes Chapter 45.25 Subd. 5a. **Distance learning course.** "Distance learning course" means an education process, other than the courses specified in subdivision 2a, clauses (2) and (3), that is based on the geographical separation of instructor and learner. This includes, but is not limited to:

(1) an interactive Internet course that does not meet the requirements of subdivision 2a, clauses (2) or (3); and

[Note: MUST MEET ALL Guidelines in Minn. Statutes Chapter 45.306.Subd.2. & Subd.3. See Appendix "B". DOES require an end of course closed book exam but DOES NOT "require" a Proctor if exam is online and encrypted (see Subd.3. in Appendix "B").]

(2) a noninteractive course taught via the Internet, video, or other electronic means.

[Note: DOES require an end of course closed book exam and Also MAY REQUIRE a Proctor if the instruction method does not meet the requirement to include "a process to authenticate the student's identity and technology to guarantee seat time" (see Appendix "B").]

[In addition]

Minnesota Statutes Chapter 45.25

Subd. 14. **Self-study course.** "Self-study course" means a **distance learning** course that is not entirely taught by the instructor live via the Internet, video, or other electronic means.

(3) a distance learning course that is not entirely taught by the instructor live via the Internet, video, or other electronic means.

[Note: This Self-Study Distance learning course method DOES require an end of course closed book exam CERTIFIED by a PROCTOR.]

REQUIRED: Attach a Copy of Examination and Answer Key – (If exam is given.) (Note that a closed book end of course exam is always required for all distance learning courses and various special required courses.)

Method of Presentation / Instruction

Insurance and Real Estate Continuing Education Only

Step 2: Provide the following information

The following only pertains to a course taught live or real-time

My Course is:

Standard Classroom

Include Detailed Explanation of Attendance Verification

Does the course include an examination? Yes No

If YES, attach a Detailed Explanation regarding Exam

Webinar

Include Link to Course, Login, & Password

Attach a Detailed Explanation of the Method of Instruction/Presentation

Attach a Detailed Explanation of the Use & Verification of Proctors, if proctors are used

No Proctor &/or No Proctor Required

Does the course include an examination? Yes No

If YES, attach a Detailed Explanation regarding Exam

The following only pertains to a course NOT taught live or real-time

My Distance Learning Course is:

Distance Learning Interactive Internet

Yes -- My Distance Learning interactive internet method of instruction meets or exceeds all requirements listed in Minnesota Statutes Chapter 45.306.

Attach a Detailed Explanation of the Method of Instruction/Presentation

Include Detailed Explanation of Attendance Verification

Include Link to Course, Login, & Password

Attach a Detailed Explanation regarding Exam

Attach a Detailed Explanation of the Use & Verification of Proctors, if proctors are used

No Proctor &/or No Proctor Required

Non-interactive OR Self-Study / Correspondence

Attach a Detailed Explanation of the Method of Instruction/Presentation

Attach a Detailed Explanation regarding Exam presentation and the Use & Verification of the required Exam Proctors.

Include Link to Course, Login, & Password (if any material is online)

REQUIRED: Attach a Copy of Examination and Answer Key - (If exam is given.) (Note that a closed book end of course exam is always required for all distance learning courses and various special required courses.)

Questions Specific to Insurance CE Application

The following questions MUST be answered or application will be returned as deficient.

Is this provider also an insurance producer, agency, managing general agent, or insurance company in any state including MN? Yes: No:

- If yes, list the license type, license number, NAIC number, state, and attach verifiable documentation **for each**.

Lic Type: _____, Lic Number: _____, NAIC Number: _____, State: _____

Will this course be offered or sponsored by, or affiliated with an insurance company, agent, agency, managing general agent, or insurance broker? Yes: No:

- If yes, please explain your answer below or attach additional paper as necessary.

Details: _____

Will this course be held on the premises of a company doing business in the regulated area? Yes: No:

- If yes, list the details and attach verifiable documentation.

Details: _____

Will this course be open to the public? Yes: No:

Will this course be restricted to any particular group of people? Yes: No:

- If yes, list the details.

Details: _____

ALL Providers must check whether this course is categorized under any of the following conditions:

This course leads to a nationally-recognized professional designation used by Insurance licensees.

Yes: No:

Name of designation (spelled out): _____ **Attach verification document(s).**

Name of designation (spelled out): _____ **Attach verification document(s).**

This course has been approved by a State or Federal regulatory agency.

Yes: No:

Attach copy of approval letter(s).

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

State: _____, Agency or Board: _____, Number of approved hours: _____

(Attach additional paper as necessary for additional states.)

DETAILED, TIMED CONTENT OUTLINE

<u>Segments must be listed in increments of 15 minutes or less.</u> Break times must be indicated (attach additional sheets if necessary).	Instructor(s)	Scheduled time	# of minutes
<i>(Example) Basics of Property Ins.</i>	<i>John Doe</i>	<i>8:00 – 8:10am</i>	<i>10</i>
<i>(Example) Basics of Casualty Ins.</i>	<i>Mark Smith</i>	<i>8:10 – 8:20am</i>	<i>10</i>
<i>(Example) Property Claims Issues.</i>	<i>Mary Brown</i>	<i>8:20 – 8:35am</i>	<i>15</i>
Total course hours:			

INSURANCE CONTINUING EDUCATION INSTRUCTOR

QUALIFICATIONS AND CONTACT INFORMATION PAGE


(Please Print or Type - Writing Must Be Legible)

Copy and attach additional pages as needed; one for every continuing education course instructor.

MANDATORY: Attach a detailed Bio / Resume to this completed form showing dates of experience.

Instructor Full Legal Name:	
Date of Birth:	
Business Address:	
City, State, Zip:	
Phone Number:	Business Email Address:
Do you <u>currently hold, or have you held</u> , any INSURANCE license in <u>any</u> state, including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach list of license number, state, and status.	
Resident Insurance License #	& Name of Resident State
All Non-Resident Insurance License #(s)	& Name of Non-Resident State(s)
Do you currently hold or have you ever held <u>any other type of occupational / professional</u> license in any state, including MN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach list of license type, number, state, and status.	
Has instructor applicant ever had <u>any</u> occupational / professional license <u>in any state</u> including Minnesota that has been suspended, revoked, or terminated, or been the subject of inquiry or investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach documentation and detailed explanation signed & dated by instructor.	
Has instructor applicant ever been convicted of a felony or gross misdemeanor, or been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach documentation and detailed explanation signed & dated by instructor.	
WHO is considered an instructor?	
Classroom: Any individual speaking to licensees during a course is considered an instructor.	
Distance Learning Interactive Internet (only for the purposes of this section) include:	
➤ any individual used as a contact for students to answer questions regarding a course is considered an instructor.	
➤ any author of an internet course is considered an instructor.	
➤ Any presenters via video or other media	
<hr/>	
Mandatory Qualifications (Please check at least one below)	
Minn. Stat. Chapter 45.32. Subd.2. Qualified Continuing Education instructors must have one of the following qualifications.	
<input type="checkbox"/> a four-year degree in any area plus two years practical experience in the subject area being taught;	
<input type="checkbox"/> five years of practical experience in the subject area being taught; or	
<input type="checkbox"/> a college or graduate degree in the subject area being taught.	

Note: This form can only be used by a bona fide trade association a degree-granting institution, or private school that as a Standard education provider applied for & received approval as a "Qualified" license CE provider that is currently active, and in good standing with the MN Dept. of Commerce.

 <p>Minnesota Department of Commerce 85 7th Place East, Suite 500, Saint Paul, MN 55101 PHONE: 651-539-1599</p>	<p>Insurance Producer and Adjuster License Education</p> <p>QUALIFIED PROVIDERS ONLY</p> <p>Not allowed for Appraiser Providers or Courses</p> <p>ACTIVE QUALIFIED PROVIDER # _____</p> <p>DATE SUBMITTED _____</p>
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Note: This completed certification form must be included with any initial "short form" course submission if automatic course approval is requested by a Qualified Provider or the automatic approval will not granted.

Qualified Provider Course Certification Form

Qualified Provider Name: _____
(Mandatory) (Exactly as listed on Qualified Provider approval letter.)

Course Title: _____
(Mandatory) (Exactly as listed on attached Short Form Course application.)

Continuing Education Provider - Coordinator Certification and Signature Page:

As the Qualified Provider:

I understand that all course short form applications must be submitted at least 30 days before the requested initial course offering date.

I understand and guarantee that all required documents and forms listed on the required documents (Appendix A) page of the continuing education short form course application must be complete and available for audit at the time of my submission; that all content of the submissions are auditable as of the submission date.

I understand and guarantee that my courses comply with all applicable license education Minnesota Statutes including but not limited to Minn. Stat. Chapter 45.30 Subd 1. Content. Continuing education consists of approved courses that impart appropriate and related knowledge in the field for which approval is requested; and courses may not include topics that are not permitted for continuing education as set forth in Minn. Statute Chapter 45.30. Subd. 5.

I understand and guarantee that for distance learning courses (1) If internet, it meets all current MN interactive internet guidelines. (2) If self-study, it meets all current MN guidelines; that it is verifiable and meets current MN acceptable Proctor guidelines.

***I understand that I may only apply for automatic course approval for courses that are not required by federal criteria or a reciprocity agreement to receive a substantive review; that all other courses must be submitted in full as for a Standard Provider.**

I certify that I am the Minnesota Dept. of Commerce approved primary education coordinator for the provider listed above and that I am responsible for compliance with all Minnesota education laws and regulations located in Minn. Stat. 45, Minn. Stat. 60K and Minn. Stat. 72B. Furthermore, I declare that the information provided above is true and complete, that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation and that this document has not been changed in any manner from the form adopted by the Commerce Department.

Printed name of MN Primary Coordinator: _____
(Mandatory)

Signature of MN Primary Coordinator: _____ **Submission Date:** _____
(Mandatory) (Mandatory)

***Insurance Only:** MN is required to give a substantive review of any course for a MN resident insurance provider or for any course submitted by a non-resident insurance provider who does not have the course in question approved in their home state (or designated home state). Any course given automatic course approval is not allowed to be used for reciprocal application in another state. The course "must" be reapplied for "as new" and receive "substantive reviewed approval" in order to apply in another state for insurance reciprocal approval. *** Automatic approval can not be given to MN Required Courses: Flood, LTC/MA/PT, & Ethics.

Appendix A

REQUIRED DOCUMENTS & FORMS

SHORT FORM ONLY

APPLICANTS: You must attach the above completed Qualified Provider Course Certification Form to this completed short form course application certifying that every item listed below is complete and available for audit at the time of your submission. Except for items A3, C1, C3, and C4, you do NOT need to submit the items below unless we request them.

A. Course Materials- Attach copy of:

1. *Course Description* – detailed description of course content
2. *Learning Objectives* – detailed description of objectives for the students to learn
3. **Detailed Course Outline – timed in 15 minute increments (If multiple Instructors, identify section of outline for each Instructor).**
4. Attach an in-depth explanation of your Method of Presentation / Instruction
5. *Instructional Material for Instructors* – Overheads, PowerPoint, etc.
6. *Instructional Material for Students* – textbooks, notebooks, guides, etc. If textbooks are not used, you must hand out a *Syllabus* to each student in the class. *Textbooks must contain the same detailed information as the Syllabus.*
7. *Examination and Answer Key* – (if exam is given a copy of the entire bank of questions must be attached, if no exam is given, you must state that) **(Note that a closed book end of course exam is required for all non-classroom courses.)**

B. Provider Policies

1. **Course Prerequisites** – If there are none, put it in writing.
2. **Regarding Instructor Qualifications:** Attach statement that ALL instructors meet or exceed the instructor requirements as stated in Minn. Statute Chapter 45.32.

*Read Minn. Law Chapter 45.32 **before you submit your application.***

Classroom: Any individual speaking to licensees during your course is considered an instructor.

Distance Learning: Any individual speaking at a “live” distance learning course is considered an instructor.

Interactive Internet: For the purposes of this section **any author** of an internet course is considered an instructor.

Distance Learning & Interactive Internet: For the purposes of this section **any** individual used as a contact for students to answer questions regarding a course is considered an instructor.

3. Attendance:

- How do you verify attendance **throughout** the course for **Classroom**? How do you physically monitor the students? Include a description.
 - How do you verify attendance **throughout** the course for **Distance Learning**? Certification is required. What type of certification method do you use? Include a description.
4. **Cancellation & Refund** – Attach a copy of your required course cancellation and refund procedures. *Note: If no fees are charged attach details as to who pays the fee.*

C. Assorted Attachments - Attach copy of:

1. **Internet Address, Login & Password for any Distance Learning course.**
2. Students' Course and Instructor Evaluation Form
3. **ALL Course Instructors' Resumes or Bios (Note: All speakers are considered instructors)**
4. **Course Schedule**
5. Proposed Advertising – if there is no advertising, you must state that.

(NOTE: This page does NOT need to be sent in as part of the application submission.)

Appendix B
Minnesota Department of Commerce (DOC)
Interactive CE Training On-Line Basic Requirements

45.306 CONTINUING EDUCATION COURSES OFFERED OVER THE INTERNET.

Subdivision 1. Appraiser Internet continuing education courses.

The design and delivery of an appraiser continuing education course must be approved by the International Distance Education Certification Center (IDECC) before the course is submitted for the commissioner's approval.

Subd. 2. Interactive Internet course requirements.

An interactive Internet continuing education course must:

- (1) specify the minimum system requirements;
- (2) provide encryption that ensures that all personal information, including the student's name, address, and credit card number, cannot be read as it passes across the Internet;
- (3) include technology to guarantee seat time;** (*See clarification below.)
- (4) include a high level of interactivity;
- (5) include graphics that reinforce the content;
- (6) include the ability for the student to contact an instructor within a reasonable amount of time;
- (7) include the ability for the student to get technical support within a reasonable amount of time;
- (8) include a statement that the student's information will not be sold or distributed to any third party without prior written consent of the student. Taking the course does not constitute consent;
- (9) be available 24 hours a day, seven days a week, excluding minimal down time for updating and administration, except that this provision does not apply to live courses taught by an actual instructor and delivered over the Internet;
- (10) provide viewing access to the online course at all times to the commissioner, excluding minimal down time for updating and administration;
- (11) include a process to authenticate the student's identity;
- (12) inform the student and the commissioner how long after its purchase a course will be accessible;
- (13) inform the student that license education credit will not be awarded for taking the course after it loses its status as an approved course;
- (14) provide clear instructions on how to navigate through the course;
- (15) provide automatic bookmarking at any point in the course;
- (16) provide questions after each unit or chapter that must be answered before the student can proceed to the next unit or chapter;
- (17) include a reinforcement response when a quiz question is answered correctly;
- (18) include a response when a quiz question is answered incorrectly;
- (19) include a final examination;
- (20) allow the student to go back and review any unit at any time, except during the final examination;
- (21) provide a course evaluation at the end of the course. At a minimum, the evaluation must ask the student to report any difficulties caused by the online education delivery method; and
- (22) provide a completion certificate when the course and exam have been completed and the provider has verified the completion. Electronic certificates are sufficient.

Subd. 3. Final examination. The final examination must be either an encrypted online examination or a paper examination that is monitored by a **proctor** who certifies that the student took the examination. The student must not be allowed to review the course content once the examination has begun. (**See proctor definition below.)

*** Minnesota Seat Time Clarification for 45.306 Subd2. (3):**

While seat time is a definite requirement and you must include technology to guarantee it, this does not mean that to accomplish it, a licensee should be sitting in front of a computer waiting for X number of hours to pass. The course itself must contain the right amount of interactive instruction content to take the same X number of hours, or more, as requested by the provider. If a provider is asking for 2 hours of credit, that course must take a licensee 2 hours, or more, of interactive learning to complete. This also means that your course must have the technology to time out (automatically log out) if a licensee leaves the course inactive for more than ten minutes. The system should not allow a student to log into a course and then either walk away from the computer or visit other computer sites for the 2 hours and still receive credit.

****Minnesota Proctor Guidelines are as follows:**

45.25 DEFINITIONS. Subd. 12. Proctor.

"Proctor" means a disinterested third party with no conflict of interest who verifies a student's identity and processes an affidavit testifying that the student received no outside assistance with the course or examination.

(NOTE: This page does NOT need to be sent in as part of the application submission.)

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 _____