

**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. Forms must be typed or printed.

LICENSEE INFORMATION Name of Licensee: _____ Licensee's License #: _____ Resident Address: _____ Resident City/State: _____ Business Phone# _____ Adjuster Signature _____ Date _____
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PROCTOR INFORMATION Proctors Name: _____ Proctors Address: _____ Proctors City/State: _____ Proctors Phone Number: _____ Proctors Driver's License #: _____ State of Issue: _____ Start Time of Exam: _____ End Time of Exam: _____ Date of Completion of Examination: _____
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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 effort 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 the Department.**

CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only) Course Name: <u>Business Auto Coverage & Claims Handling</u> Course# <u>198868</u> Provider Name: <u>AE21 Incorporated</u> Provider# <u>11667</u>

Signature of Provider Responsible Contact

Date:

***Upon completion, the form must be returned to AE21 Online via fax to (813) 949-5550 or by email to arkansasproctor@ae21online.com.**