



# SOUTH CAROLINA DEPARTMENT OF INSURANCE

## AFFIDAVIT OF EXAM PROCTORING FORM

**Please note: This form should be faxed, mailed or electronically submitted to the sponsor/vendor. The sponsor/vendor must keep a copy of this affidavit with a copy of the exam for three (3) years after the exam was completed.**

All affidavits must be faxed (610-526-1402) or emailed (cc@TheAmericanCollege.edu) to The American College CE Department no later than the day following the exam. State insurance continuing education will not be granted if your monitor/proctor affidavit is not received in a timely manner. Students who fail to return the appropriate affidavit will have to take the exam again if CE is desired. For OnVUE Examination, the Online Proctor is unable to sign this form, please remit this form, notating that the Exam was taking via OnVUE, as the American College can report the course completion for approved South Carolina American College courses.

### **Section I – To be completed by Proctor**

I certify under the penalty of perjury that I have verified the identification (including a photo ID and producer license number) of the said producer named below. The producer completed the examination independently and *without the assistance of any course materials, other source materials, advance review of the examination or from any persons*. I certify that the exam answer sheet and all scratch paper given to the examinee were returned and no copy of the examination(s) was/were made by the examinee. I also certify that I mailed/delivered the answer sheet and all other required materials to the vendor within two business days of the exam date. I hereby certify that I have not made or retained copies of any examination or work papers for further distribution.

Further, I certify that I am a Disinterested Third Party and not someone who is: (A) a minor; (B) a relative of the producer; (C) an immediate supervisor/manager of the producer, or (D) a person with an economic or other interest in assuring the successful outcome of the examination.

**NOTE:** Employment by the same company or working for the same employer does not mean a person has ‘an economic or other direct interest in assuring the successful outcome of the examination.’ For example: a co-employee or co-worker of the producer taking the competency examinations may administer the examination so long as the other requirements of this subparagraph are met and such co-employee or co-worker does not work on a regular basis with the producer in marketing or sales capacity the examinee is not related.

Proctor's Printed Name: \_\_\_\_\_

Proctor's Business Mailing Address: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Signature of Proctor: \_\_\_\_\_

### **Section II – To be completed by Examinee**

I certify under the penalty of perjury that I took the examination(s) *independently and without the assistance of any course materials, other source material, advance review of the examination(s), or from any persons*. I did immediately (Within 24 Hours), upon completion of the examination(s) return the exam, and answer sheet and all scratch paper to \_\_\_\_\_  
 No copy of the examination(s) was/were made. **(NAME OF CE COURSE SPONSOR)**

Proctor's Printed Name: \_\_\_\_\_

Date Exam Taken: \_\_\_\_\_ Course Title \_\_\_\_\_

Examinee's Printed Name/Student ID Number: \_\_\_\_\_

Examinee's Signature: \_\_\_\_\_

Examinee's License Number: \_\_\_\_\_

### **Section III – To be completed by Examinee**

If you participated in a classroom review session, please answer the following questions:

\_\_\_\_\_ I did I did not \_\_\_\_\_ participate in a classroom review session. If so, provide course number \_\_\_\_\_.

Name of the individual who conducted my review session: \_\_\_\_\_

Date/time/location of review session: \_\_\_\_\_

Length of review session: \_\_\_\_\_

Did you receive your course material at least seven (7) days in advance of the review session? \_\_\_\_\_ If no, when did you receive the course material? \_\_\_\_\_