

# Department of Insurance Affidavit of Proctor Form

## INSTRUCTIONS

- **Print form**
- **Insurance producer—Fill in your personal information:**
  - Name of licensee taking examination
  - Resident state of license
  - Resident insurance license number/NPN
  - Course title/name
  - Date of examination
  - Location of examination
  - Start time
  - End time
- **Proctor—Fill in following information:**
  - Proctor name
  - Testing site address
  - Department of Insurance license number
  - Signature
  - Date

## AFFIDAVIT OF PROCTOR FORM (Please print clearly)

Course provider name International Foundation of Employee Benefit Plans

Provider number \_\_\_\_\_

Contact person Lisa N. Apmann

Provider address 18700 W. Bluemound Rd. City/State/ZIP Brookfield, WI 53045

Phone (262) 373-7642 E-mail lisaa@ifebp.org

Name of licensee taking examination \_\_\_\_\_

Resident state of license \_\_\_\_\_

Resident insurance license number/NPN \_\_\_\_\_

Course title/name \_\_\_\_\_

Date of examination \_\_\_\_\_

Location of examination \_\_\_\_\_

Start time \_\_\_\_\_ End time \_\_\_\_\_

\* \* \* \* \*

Proctor name (type or print) \_\_\_\_\_

Proctor address \_\_\_\_\_

DOI license number \_\_\_\_\_

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above named licensee and that the examination was provided as instructed by the Classroom/Correspondence Course Provider. I personally monitored the test taken and 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 efforts to circumvent the requirements of the proctored examination. I understand that this Affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Insurance Code or Rule penalties. I will provide a complete and accurate copy of all my records to the approved Course Provider, who must maintain them for access by the State Insurance Department.

Signature of Proctor \_\_\_\_\_ Date \_\_\_\_\_