

## ARKANSAS

### Instructions for Exam Proctor and Roster Reporting

**\*\*\*Exams Must be Monitored by a Disinterested Third Party\*\*\***

1. Agent must choose a Disinterested Third Party – **Proctors must be a Disinterested Third Party and have no family or financial relationship to the licensee.** The Proctor must sit with the agent while completing the exam attesting to the fact that they were with the agent and that the agent did not use any outside assistance while completing the exam.
2. The completion date of the exam will be the date WebCE receives the Appendix G form.

#### **For Paper Exams ONLY:**

The form may be sent via mail, faxed or emailed.

WebCE  
Attn: Arkansas Forms  
12222 Merit Drive, Suite 500  
Dallas, TX 75251

Email: [compliance@webce.com](mailto:compliance@webce.com)

Fax: 214-570-0213

If you have any questions please call the WebCE Call Center at 800-488-9308

**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. Form must be typed or printed.**

<b>LICENSEE'S INFORMATION</b>			
Name of Licensee: _____			
Licensee's License # _____			
Resident Address: _____			
Street or P.O. Box		City or State	Zip
Business Phone# _____			
Producer Signature _____		Date _____	

<b>PROCTOR INFORMATION:</b>	
Proctors Name: _____	
Proctors Address: _____	
Proctors Phone Number: _____	
Proctors Driver's License # _____	State of Issue _____
Start Time of Exam _____	End Time of Exam _____
Date of Completion of Examination: _____	
Location of Examination: _____	

**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 efforts 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 Department**

<b>CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)</b>	
Course Name _____	Course # _____
Provider Name _____	Provider # _____

Signature of Provider Responsible Contact

\_\_\_\_\_  
Date: