

# ALABAMA MONITOR AFFIDAVIT

It is your responsibility to print, complete, sign and return this required monitor affidavit to Haag Education. **FAILURE TO SUBMIT THE AFFIDAVIT WITHIN FIVE BUSINESS DAYS OF EXAM COMPLETION MAY RESULT IN LOSS OF COURSE CREDIT.**

## Student Exam Certification / Declaration of Compliance

To be completed and signed by student.

Print Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to file and/or maintain my certificate of completion as required by the state insurance department.**

**Student Signature**

**Date** \* must match date of exam completion

## Affidavit of Exam Monitor

To be completed and signed by exam monitor.

Course Title: \_\_\_\_\_

Date of Exam Completion: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Exam Completion: \_\_\_\_\_

Print Monitor Name: \_\_\_\_\_

Monitor Company Name: \_\_\_\_\_ Monitor Title: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Monitor Business Address: \_\_\_\_\_

Type of identification presented (*optional*): \_\_\_\_\_

### Indicate Type of Monitor

Disinterested Third Party

**Alabama: 482-1-110-.06 (2)(B)** The examination must be administered by a third-party proctor, who must sign an affidavit attesting to the fact that the student received no outside assistance in the completion of the final examination. The proctor cannot be a friend, relative, or co-worker of the licensee, nor anyone with a financial interest in the success of the licensee taking the examination.

**Examples:** Exams might be monitored by a third-party testing center employee, librarian, teacher, or public official.

**I hereby certify that I personally observed the above-named student during the completion of this online examination and also observed that the student received no outside assistance in completing the examination.**

**Monitor Signature**

**Date** \* must match date of exam completion

Mailing Address:  
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