

Test Administrator Affidavit

The Test Administrator is an individual who has consented on behalf of an examinee to administer an insurance examination. In this capacity, the Test Administrator assumes the responsibility of assuring The Institutes or another examination-sponsoring organization that the examination is administered in a manner consistent with the policies, procedures, and standards outlined in The Institutes' Test Administrator's Guide. The Test Administrator also serves as an agent of The Institutes and other examination-sponsoring organizations and must be either an administrative staff member or a disinterested party who is employed in the insurance business.

I hereby certify that the exams administered on _____ (date) were conducted according to the policies, procedures, and standards outlined in the Test Administrator's Guide. Among those conditions are these:

- I stored exam booklets in a safe place and did not share them with or make them available to anyone until the date and time designated for their administration.
- Examinees were under my constant supervision during the entire examination, which was administered according to the time standards established by The Institutes or its agent.
- Examinees recorded answers to the test questions at the time of the examination without the additional help or assistance of anyone or anything.
- Examinees did not use or possess notes or other prohibited study aids, nor did they receive verbal answers or other forms of assistance from anyone.
- Examinees did not recopy or photograph test questions, communicate or dictate questions or answers to anyone, or engage in other compromising behavior before, during, or after the examination.
- Exam questions were not changed or interpreted for the examinees by anyone.
- Students turned in their exams to me. I did not reopen, review, edit, correct, or copy the exams after time expired for the examination.
- I placed test questions in an envelope or a similar shipping parcel immediately after the conclusion of the exam.

I agree and understand that should The Institutes or its agent find that the above certification is false and was not made in good faith, said Institute(s) may declare the examination results null and void without recourse for the proctor or the examinees who compromised the integrity of the examinations.

(Test Administrator's Signature)

(Test Administrator – please print name)

(Test Administrator's phone number)

This completed form must be returned to The Institutes with all used exam materials.

Please complete the other side of this sheet.

Exam Administration Report

Examination Information

Course: _____

Test Location:

City: _____ State: _____

Problems Encountered:

Please list any irregularities that occurred during testing. If they involve a particular student, please include the student's name and ID number.

Suggestions for Future Administration of Examinations: