

# E-Learning Insurance Continuing Education Monitor Form

Use state-specific monitor form for South Carolina.

Please fill out appropriate information below.

## Licensee Information (Please print clearly)

Individual ID# or CEBS® ID# \_\_\_\_\_  
Full first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
Employer \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  Business  Home  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Licensed in the state(s)/province(s) of \_\_\_\_\_ License/NPN # \_\_\_\_\_

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at [www.ifebp.org/policies](http://www.ifebp.org/policies).

## Verification Information

### Affidavit of Personal Responsibility—To be completed and signed by licensee

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s). I further understand that the course completion date is the day the exam is passed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Course name \_\_\_\_\_

### Affidavit of Exam Completion—To be completed and signed by exam monitor

I declare that I personally observed the above-named individual during the completion of this examination and also observed that the licensee received no outside assistance in completing the examination.

Name of licensee \_\_\_\_\_  
Course name \_\_\_\_\_  
Address where exam was taken \_\_\_\_\_  
Date exam was taken \_\_\_\_\_ Beginning time \_\_\_\_\_ Ending time \_\_\_\_\_

## Monitor Information

The monitor in Arizona, Indiana and Iowa must be a licensed insurance producer in that state.

Print name of person monitoring exam \_\_\_\_\_  
Job title of person monitoring exam \_\_\_\_\_  
Employer/agency name \_\_\_\_\_  
Business phone number \_\_\_\_\_  
Business mailing address \_\_\_\_\_  
Monitor's insurance producer license number (required in AZ, IN and IA) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of person monitoring exam \_\_\_\_\_

Save and submit the completed monitor form to [continuinged@ifebp.org](mailto:continuinged@ifebp.org).

**If all required forms are not received within five days of passing the exam, CE will not be reported and the licensee will be required to repurchase the e-learning course and retake the final exam.**

