

Disinterest Third Party Continuing Education Affidavit

A disinterested third party is a person not related to the examinee, and not concerned with respect to possible gain or loss, in the result of a pending course final examination. Independent study programs qualify for continuing education only when there is a proctored examination administered by a disinterested third party, such as a testing center, public library, public school, independent insurance school, college or university and graded by the course provider/vendor. No examination administered, proctored or graded by any insurance company or agency personnel for its own employees will be considered to be administered or proctored by a disinterested third party.

Name of Disinterested Third Party: _____

Address of Disinterested Third Party: _____

Daytime Phone Number of Disinterested Third Party: _____

Course Publisher: Insurance Schools, Inc.

Course Title: _____

Description of location where final exam was administered:

Time Final Exam Began: _____ am / pm

Time Final Exam Ended: _____ am / pm

As the disinterested third party, I certify that I administered the course final examination for:

(Enter name of examinee): _____

The examinee completed the examination independently and without the assistance of any study material or advance review of the examination. No copy was made of the examination. I, as the disinterested third party did, on this date return the Disinterested Third Party Affidavit form to the course vendor for grading.

Date: _____ Signature of Disinterested Third Party: _____

I, the examinee, certify that I took the examination independently and without the assistance of any study material or advance review of the examination. I did immediately upon completion of the examination give the Disinterested Third Party Affidavit form to the disinterested third party for mailing to the vendor. No copy of the examination was made.

Signature of Examinee: _____

Printed Name of Examinee: _____

Date: _____ WV Agent License Number of Examinee: _____

**Return completed form to: Insurance Schools, Inc., PO Box 7280, Charleston, WV 25356
Fax to (304)776-8302 or Email to CEenrollment@insurance-schools.com**