

GlobalED Insurance Institute: NY Monitor Affidavit

MONITOR INSTRUCTIONS

This is a **fillable PDF** document. Type in all the required information; print; then fax to GlobalED Insurance Institute.

FAX: 718-815-9788

If a fax is not available, make a copy and mail Affidavit and Approval Document to:

GLOBAL EDUCATION
ATT: Irene Yangkin
76 Fletcher Street
Staten Island, NY 10305-1600

A signed copy of the affidavit may be scanned or printed as a PDF file and eMailed to:
admin@globaledusa.com

The Monitor is expected to reasonably ascertain and record the type of **Photo ID** obtained from the Candidate (Driver's License, NYS Identification Card, or other Government Issued Photo ID) along with the issuing jurisdiction and number.

Example:

- NY-DL: 123 456 789
- USPasspt: 123456789

The Monitor is expected to reasonably ascertain whether a candidate attempted to access the Final Exam prior to you being present. You must also report any "incidents" that occurred during the Exam. A claim of "being booted out" of the Final Exam is an incident and must be reported. If such breach or incident has taken place the Monitor must immediately call:

Michael T LeCornec, Executive Director
GlobalED Insurance Institute
Phone: 718-447-4388

If the Monitor is a School or Company the Organization's Name & Monitor Number, Designated Person's Name and Signature must always be entered on the Affidavit. If the person observing the exam is not the Designated Person both names and signatures must be on the Affidavit. The examinee must also sign the affidavit if the exam is passed.

PRELICENSING ONLY: The Affidavit **MUST** be submitted Pass or Fail. Check the Pass or Fail box before submitting.

Approved Prelicensing Course Titles:

109-WLH: Agent/Broker Life, Accident & Health Insurance Prelicensing Course (Internet)
108-WH: Agent/Broker Accident & Health Insurance Prelicensing Course (Internet)
107-WL Agent/Broker Life Insurance Prelicensing Course (Internet)

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This section is to be completed by the New York State (NYS) Monitor.

Monitor Name: _____ Monitor Phone: _____

Monitor Address: _____

NYS Approved Monitor Number: **NYMO-**_____ (Attach a copy of the NYS Monitor Approval Document)

Course Title: _____

Photo ID Type & Number: _____ Examination Date: _____

Time Exam Began: _____ Time Exam Ended: _____ PASS FAIL

I certify that I verified the Photo identification of the examinee whose signature appears below and that the examinee completed this examination without the outside assistance of any person. I certify that the examination was administered as a closed-book examination and the examinee used no outside materials or course materials in completing the examination. I certify that, to my knowledge, no copies of this examination were made and that the examination was not viewed prior to the start of the examination. I certify that I meet the requirements of a New York State Approved Monitor or approved company appointed monitor.

Monitor Signature: _____ Date: _____

Monitor Name (if Company Appointed Monitor): _____

Designated Person Name: _____

Designated Person Signature: _____

NYS Approved Monitor Instructions:

(It is the responsibility of the NYS Approved Monitor to submit this Affidavit)

Please submit the Final Exam and Answer Sheet (if a written exam); the Monitor Affidavit and a copy of the Insurance Department issued Monitor Approval Document to GE Insurance Institute. Have the Licensee complete the section below and request a Certificate of Completion.

This section is to be completed by the Examinee. (Please Print Clearly or Type)

Examinee Name: _____ Daytime Phone: _____

Examinee Address: _____

eMail Address: _____

I certify that I completed this examination without the outside assistance of any person. I certify that the examination was administered as a closed-book examination and that I did not attempt to view the exam prior to the start of the exam and I did not make or retain copies of this Final Examination. If this was a paper exam I certify I immediately returned my Examination, Answer Sheet to the Monitor immediately upon completion of this examination. This affidavit shall also serve as my request for a Certificate of Completion.

Signature of Examinee: _____ Date: _____