

# **GlobalED Insurance Institute: NY Monitor Affidavit**

## **MONITOR INSTRUCTIONS**

**FAX: 903-732-6130**

A signed copy of the affidavit is faxed to GlobalED at the above number or may be scanned or printed as a PDF file and eMailed to: [admin@globaledusa.com](mailto: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, Director  
GlobalED Insurance Institute  
Phone: 903-905-GEVU (4388)**

If the Monitor is a School or Company the Organization's Name and Monitor Number must be entered on the Affidavit AND SIGNED BY THE DESIGNATED PERSON. The Monitor supervising the exam and the designated person of the organization must both sign the Affidavit. The examinee must also sign the affidavit.

# **GlobalED Insurance Institute: NY Monitor Affidavit**

**This section is to be completed by the New York State (NYS) Approved Monitor.  
(Please Print Clearly)**

Monitor Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

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

Photo ID Type & №: \_\_\_\_\_ Examination Date: \_\_\_\_\_

Time Exam Began: \_\_\_\_\_ Time Exam Ended: \_\_\_\_\_  Pass  Fail

I certify that I verified the identification (Photo ID Required) of the examinee that has signed 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.

Monitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor Name (if Company Appointed Monitor): \_\_\_\_\_

Designated Person Name (if Company Appointed Monitor): \_\_\_\_\_

Designated Person Signature (if Company Appointed Monitor): \_\_\_\_\_

## **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. Have the Licensee complete the section below and request a Certificate of Completion.

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

Examinee Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_ 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 view the exam prior to the start of the exam. I certify that I did not make or retain copies of this examination. I certify that upon completion of this examination I immediately returned my Examination, answer sheet and this New York Monitor Affidavit to the NYS Approved Monitor. This affidavit shall also serve as my request for a Certificate of Completion.

Signature of Examinee: \_\_\_\_\_ Date: \_\_\_\_\_