

FUNDAMENTALS OF INSURANCE (FOI)

EXAM PROCTOR NOMINATION AND POLICY FORM

BOTH THE PROCTOR AND THE EXAMINEE MUST READ AND SIGN THIS DOCUMENT

PROCTOR INFORMATION

I hereby certify that I am one of the following (please check):

- | | |
|--|---|
| <input type="checkbox"/> Government Administrator | <input type="checkbox"/> Professional Invigilator (College or University) |
| <input type="checkbox"/> Active P&C Nominee Insurance Broker | <input type="checkbox"/> Proctor Appointed by Nominee |

Last Name

First Name

Job Title and Employer

Name and Full Address of the Exam Location

Telephone

Business Email Address (MANDATORY)

PLEASE NOTE: Examinees are responsible for paying proctor's fees, if any.

EXAM POLICIES AND PROCEDURES

Section A. The Proctor's Responsibility to Academic Integrity:

The proctor is responsible for ensuring that the exam is carried out as described below.

I, the undersigned proctor, confirm that: (select each box)

- ☐ I will be present and be able to view both the examinee and computer screen for the duration of the exam.
- ☐ I will ensure that the examinee does not have access to any materials that aid academic dishonesty (i.e., cheating). This includes access to a smart phone, smart watch, computer tablet, flash drive with notes, programmable calculator, the internet (other than the exam browser), textbook and/or notes.
- ☐ I will provide a computer for the examinee. If this is not possible, I will ensure that the examinee does not access any materials or aids that assists in passing the exam.
- ☐ I will ensure that the examinee does not save or reproduce any part of the exam.
- ☐ I will not provide any aid or assistance to the examinee for answering exam questions.
- ☐ I am not related to the examinee.

PENALTIES

In the event evidence of a breach, I, the undersigned proctor, understand that IBABC will impose the following penalties: (select each box)

- ☐ A written report will be sent to the Insurance Council of B.C., which may result in disciplinary measures.
- ☐ A written report will be sent to the nominee/broker owner, which may result in disciplinary measures.
- ☐ A lifelong ban from proctoring exams.

Section B. The Examinee's Responsibility to Academic Integrity:

I, the undersigned examinee, confirm that: (please check all boxes)

- ☐ I will not have access to any materials including smart phone, smart watch, computer tablet, flash drive with notes, programmable calculator, the internet (other than the exam browser), textbook, and/or notes during the exam.
- ☐ I will not talk during the exam.
- ☐ I will not save or reproduce any written, printed, or electronic copies of any part of the exam.
- ☐ I am not related to the proctor.

PENALTIES

In the event evidence of a breach, I, the undersigned examinee, understand that IBABC will impose the following penalties: (select each box)

- ☐ An automatic exam mark of 0.
- ☐ Forfeiture of the exam fee. No reimbursement will be issued.
- ☐ A prohibition for the examinee from writing any exam for one full year from the date of infraction.
- ☐ A written report to the Insurance Council of B.C., which may result in disciplinary measures.

Section C. Examination Information:

- i. The exam period is 2.5 hours. This time is to be strictly kept by the proctor.
- ii. The undersigned examinee is required to provide a valid government photo ID. Misrepresentation of identity will be treated as academic dishonesty and will be subject to all penalties listed in Section B.
- iii. The undersigned proctor must view the examinees government photo ID to confirm the identification of the examinee and that the name on the ID and name on the exam match.

If something occurs during the exam to disrupt the examinee's ability to complete any of the questions, the issue **MUST** be brought to Captus/IBABC's attention immediately. Concerns raised after the exam is submitted will not be taken into consideration and the standard re-write fee will be charged if required.

As verified by their signatures, below, both the examinee and the proctor have read, understand and agree to all IBABC policies and procedures listed in Sections A – C, above, and confirm that all the information they have provided on this form is factual and correct:

EXAM DATE & time (dd-mm-yyyy)

Proctor's Signature

Examinee's Full Name (please print)

Examinee's Signature

PLEASE PRINT, SIGN AND EMAIL THIS COMPLETED FORM TO: scarver@ibabc.org