



**CANADIAN ACCREDITED INSURANCE BROKER (CAIB)
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):

- Government Administrator Professional Invigilator (College or University)
 Active P&C Nominee Insurance Broker

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 all 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 I will: (please check all boxes)

- be present and be able to view both the examinee and computer screen for the duration of the exam,
- 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,
- 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,
- ensure that the examinee does not save or reproduce any part of the exam, and
- not provide any aid or assistance to the examinee for answering exam questions.

In the event evidence of a breach of these instructions is found, IBABC will impose the following penalties:

- i. The undersigned proctor will not be permitted to proctor future examinations.
- ii. A written report to the Insurance Council of B.C., which may result in disciplinary measures.
- iii. A written report to the Nominee/Broker Owner, which may result in disciplinary measures.



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

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

- 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,
- not talk during the exam, and
- not save or reproduce any written, printed, or electronic copies of any part of the exam.

In the event evidence of a breach of these instructions is found, IBABC will impose the following penalties:

- i. An automatic exam mark of 0.
- ii. Forfeiture of the exam fee. No reimbursements will be issued.
- iii. A prohibition for examinee from writing any exam for one full year from the date of infraction.
- iv. 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 3.5 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 D, below.
- 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 examinee **MUST** bring it to the Proctor’s attention during or immediately after the exam. Concerns raised about the exam at any other time will not be taken into consideration and the standard re-write fee will be charged in the event the exam must be re-taken.

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: scoles@ibabc.org