



# FUNDAMENTALS OF INSURANCE ONLINE 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):

CURRENTLY LICENSED LEVEL 3 INSURANCE BROKER

PROFESSIONAL INVIGILATOR (college or university)

GOVERNMENT ADMINISTRATOR

Last Name

First Name

Job Title and Employer

Name and Full Address of the Exam Location

Telephone

Email Address (MANDATORY; business email only please)

PLEASE NOTE: Examinees are responsible to pay 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 supervision of the exam is carried out as described below. It is a breach of ethics to sign this form and subsequently fail to follow this document's instructions. In the event evidence of a breach of any of the instructions below is found; the undersigned candidate's exam results will be ineligible for licensing purposes. In addition, the individual named on this form as proctor will not be permitted to supervise future candidates and may be subject to disciplinary measures by the Insurance Council of British Columbia.

By acting as proctor for the Fundamentals of Insurance licensing exam I, the undersigned proctor, commit to:

- i. Ensuring the candidate sitting the exam is supervised at all times and ensuring they do not have access to any materials or aids that might assist them in passing the exam. This includes accessible smart or mobile phones, visible textbooks/notes or programmable calculators.
- ii. Ensuring that the candidate will not save or reproduce any written, printed, or electronic copies of any part of the exam.
- iii. Not providing aid or assistance in answering questions on the exam the candidate is writing.



- iv. Ensuring that the candidate sits the exam on a computer provided by the exam venue. Candidate may not take the exam on their person laptop or computer

**Section B. Date and Time Exam is to be Written:**

- i. I, the undersigned proctor, agree to supervise the undersigned candidate while they sit the Fundamentals of Insurance licensing exam. I will ensure that the exam is written on the scheduled exam date at the prescribed time and will keep the confidential proctor code secure until the exam's completion.
- ii. I, the undersigned proctor, agree to administer the exam in accordance with the rules and regulations for general insurance examinations set forth by the Insurance Brokers Association of British Columbia and the Insurance Council of British Columbia.
- iii. I, the undersigned proctor, acknowledge that the all examinations are subject to random audit by the IBABC and/or the Insurance Council of BC.

**Section C. Examination Information:**

- i. The exam period is 2.5 hours. This time is to be kept by the proctor.
- ii. The undersigned candidate is required to provide valid, government photo ID. Misrepresentation of identity will be treated as academic dishonesty and will be subject to all penalties listed below.
- iii. The exam is made up of 100 multiple choice questions.

**Section D. Academic Dishonesty Policy (Cheating):**

Cheating is a serious offence. IBABC will impose the following penalties in the event of academic dishonesty:

- i. An automatic exam mark of 0.
- ii. A prohibition from writing any exam for one full year from the date of infraction.
- iii. Forfeiture of the exam fee. No reimbursements will be issued.
- iv. A written report to the Insurance Council of British Columbia.

**If for any reason 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 a 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 – D, above, and confirm that all the information they have provided on this form is factual and correct:**

Date (dd-mm-yyyy) and Time the Exam is to Occur X  
Proctor's Signature

Examinee's Full Name X  
Examinee's Signature

**PLEASE PRINT, SIGN, SCAN AND EMAIL THIS COMPLETED FORM TO: [mturchina@ibabc.org](mailto:mturchina@ibabc.org)**

Insurance Brokers Association of BC