



**NEW YORK STATE INSURANCE DEPARTMENT
LICENSING SERVICES BUREAU
Continuing Education Program
One Commerce Plaza
Albany, New York 12257**

FOR DEPARTMENT USE

Approval No.: _____
Examined By: _____
Date Approved: _____

1. MONITOR APPROVAL APPLICATION

Name of Monitor ♪		Taxpayer I.D. No. *		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address ♪ Number and Street				Telephone Number ♪	
City, Town or Village		County	State	Zip Code	

2.

Designated Person in Charge of Monitoring (If Number 1 is other than an individual):		Social Security No. *		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address Number and Street				Telephone Number	
City, Town or Village		County	State	Zip Code	

3. Qualification to act as approved monitor (check one and provide copy of approval document/license)†:

- A. Approved Prelicensing or Continuing Education Instructor
- B. Licensed teacher
- C. Approved Provider Organization
- D. Licensed and admitted insurers (Only training officers and disinterested supervisory personnel not affiliated with examinee by overrides or other compensation arrangements may act for insurers as monitors.)
- E. Licensed college, university, school
- F. Professional Society or Professional Organization
- G. Others acceptable to Superintendent (Please provide description of qualifications on Page 3 and attach any supporting documents[i.e.: resume or biographical statement]).

The named Designated Person for organizations included in 3.C. through 3.G. may arrange for other responsible members to monitor examinations. Separate Monitor Approval Applications do not have to be filed for each monitor of an organization. The Designated Person must countersign all attestation documents submitted to the Provider Organization with the examination to be scored.

*** SEE PRIVACY NOTIFICATION ON PAGE 2.**

† Further information may be required from the applicant.

♪ If approved to act as a Monitor, your name, address and telephone number will be published on the Department's website.

4. Are you under obligation to pay child support? YES NO

If "YES," (a) Are you less than four (4) months in arrears? YES NO

(b) Are you paying by income execution plan agreed to by courts or parties? YES NO

(c) Is the obligation the subject of pending court proceeding? YES NO

(d) Are you receiving public assistance or supplemental security income? YES NO

5. Do you wish to have your contact information included in Department publications? YES NO

If approved to act as a Monitor for examinations for self-study courses, the applicant agrees to comply with Monitor responsibilities, which include assuring that:

- the examination is administered in accordance with the Course Approval issued by the Department, including the use of only manuals or schedules approved for use in this examination by the Department;
- the examination, together with a copy of the Monitor Approval Document and the attestation signed by the Monitor and Designated Person, is forwarded to the Provider Organization for scoring, recording and the issue of the Course Completion Document;
- the Provider Organization is promptly notified of any activity by an examinee which does not comply with appropriate examination procedures including cheating, impersonation and using unapproved reference material.

If approved as a Monitor, I will comply with the above responsibilities.

Signature

Date

Email Address

Facsimile Telephone Number

CHILD SUPPORT OBLIGATION FORM

Name of Entity on Application (Please Print)

License Number

Name of Individual (Please Print)

Date of Birth

Social Security Number

	YES	NO
Are you under obligation to pay child support?	<input type="radio"/>	<input type="radio"/>
If "YES," (a) Are you less than four (4) months in arrears?	<input type="radio"/>	<input type="radio"/>
(b) Are you paying by income execution plan agreed to by courts or parties	<input type="radio"/>	<input type="radio"/>
(c) Is the obligation subject of pending court proceeding?	<input type="radio"/>	<input type="radio"/>
(d) Are you receiving public assistance or supplemental security income?	<input type="radio"/>	<input type="radio"/>

If answer to the question regarding obligation to pay child support is "YES," one of the answers to (a)-(d) must be "YES" or license will expire six (6) months from the effective date of this license unless you notify the Department by that time which answer has changed to "YES."

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including, but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

Printed Name of Applicant

Signature

Date



Monitor Duties

Licensees taking self-study courses to complete their Continuing Education requirements must have their examinations proctored by a New York State Insurance Department Approved Monitor. Your duties as an Approved Monitor are:

To avoid the appearance of any financial conflict of interest.

- A Monitor may not provide monitor services for any individual with whom he/she shares overrides, commissions or other compensation arrangements.

To verify the identity of the test taker.

- Acceptable forms of identification include a Department of Motor Vehicle issued driver's license or non-driver ID, passport, other government issued picture ID, or employer picture ID.

To confirm that the exam has not been opened or viewed prior to your arrival.

- For paper and pen exams, the exam envelope should be sealed.
- For internet exams, check the *Instructions to Monitor* on the Provider's website for directions on how to verify exam security.
- If it is determined that the exam has been opened or previewed, the Monitor must refuse to observe the examination and report the incident to the Provider.

To observe the exam.

- The Monitor must be present for the entire exam and ensure that the exam is completed without assistance or use of reference material.

To complete Monitor Affidavit.

- the Monitor Affidavit will require the Monitor to enter:
 - the name of the student
 - the date the exam was taken
 - an affirmation signed by the exam taker, that he/she personally completed the course work and answered the exam questions without assistance from another person or source
 - an affirmation by the Monitor that the identity of the licensee was verified and that the exam was administered in the presence of the monitor, assuring that the exam taker had no assistance from other people or sources.
 - the Monitor Name and Approval number (NYMO-)

To send the exam documents to the Provider according to the Provider's procedures, including:

- the completed exam, if in paper format,
- the completed Monitor Affidavit and Licensee Affidavit, if separate, and
- a copy of the Monitor Approval Document.

Note: The Monitor Approval expires on November 30th in odd numbered years. You must renew your approval to continue to act as a New York State Approved Monitor.