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**ACCIDENT & SICKNESS**  
**PROCTOR AND STUDENT AGREEMENT FOR LLQP CERTIFICATION EXAM**

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**Exam:** Online \_\_\_\_ (proctor will receive student login information the day before the examination)    Date to write: \_\_\_\_\_  
Paper \_\_\_\_ (allow **five** business days mail delivery)    Date to write: \_\_\_\_\_

**READ THIS AGREEMENT CAREFULLY. You are responsible to fairly and honestly undertake the Certification Exam with the proctor named below and according to the following. Failure to adhere to this Agreement will see your Certificate revoked.**

**AGREEMENT BY STUDENT:**

I (print name) \_\_\_\_\_ warrant that I will be proctored by the person named below for the LLQP Certification Exam. I will not use any study materials during the Exam. I will take no more than two hours to write the Exam. I will not seek aid during the Exam, and I will not reveal the contents of the Exam to the proctor or other LLQP students. I accept my ethical responsibility to take the Exam fairly and honestly. I understand that the Certification Exam is monitored and required by the Insurance Regulators.

I have read and understand the **AGREEMENT BY STUDENT** and I will abide by these terms and conditions.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**PROCTOR**

**READ THIS DOCUMENT CAREFULLY. You are responsible for the agreement below. It is a breach of ethics to sign this form and not follow these instructions. A candidate of a proctor who does not follow these instructions will have his/her Certificate revoked. The proctor may face financial consequences if the Exam is compromised and will not be permitted to proctor future candidates.**

**AGREEMENT BY PROCTOR:**

I (print name) \_\_\_\_\_ warrant that I will proctor the student named above for the LLQP Certification Exam and that:

1. I hold a professional designation (CA, CMA, LL.B., P.Eng., M.D., CLU, CFP, CFA) or I am or will be a supervisor of the candidate in his or her workplace or I am employed as a trainer/educator.
2. I will ensure the candidate does not use his or her program study materials or any other aids during the exam either by way of paper or any electronic media.
3. I will ensure the candidate concludes the examination within the allotted two-hour period of time.
4. I will ensure there will be no communication with other examination candidates during the exam.
5. I will supervise the distribution of the examination, the student during the two-hour Exam period, and collection of the examination at its conclusion.
6. I will provide no aid or assistance to the candidate.
7. I will complete and **fax** this form prior to the student taking the examination (allow at least 1 business day for online exams; 5 days for paper exams).
8. I will ensure the exam is taken fairly and honestly by the candidate.
9. I will not allow any person other than the candidate access to the examination or to read, copy, or reproduce the examination by any means. I will not read nor reveal the contents of the Exam.

I have read and understand the **AGREEMENT BY PROCTOR** and I will abide by these terms and conditions.

\_\_\_\_\_  
Signature of Proctor

\_\_\_\_\_  
Date

Position or title: (please print) \_\_\_\_\_

Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime tel #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please fax this form to (416) 922-5126**