

Online Exam Proctor Nomination 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 (teacher / representative from college or university)**
- Business / Medical Professional (Doctor, Dentist, Accountant, etc.)**

Proctor Name: _____

Job Title & Employer: _____

Address where exam will be written: _____

City: _____ Phone: _____

Email: _____

Email Address is Mandatory: business email address only please

PLEASE NOTE: Proctor approval may be changed by IBAM at any time. Examinees are responsible to pay all proctor's fees, if any.

Proctor Information

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 examinee's exam results will be ineligible for licensing purposes. Furthermore, the individual named on this form as proctor will not be permitted to supervise future examinations and may be subject to disciplinary measures taken by the Insurance Council of Manitoba. No Insurance Broker, family member or co-worker of the student is permitted to be a proctor per ICM.

By acting as overseer of the CAIB exam I, the undersigned proctor, hereby commit to:

- i. Ensuring that the examinee sitting the exam is supervised at all times and ensuring s/he does not have access to any materials or aids that might assist him/her in passing the exam through academic dishonesty (i.e., cheating). This includes access to any smart phone/watch, computer tablet, programmable calculator, the internet (other than the exam browser), textbook, notebook or notes.
- ii. Ensuring that the examinee will not save or reproduce any written, printed, or electronic copies of any part of the exam.
- iii. Not providing any aid or assistance to the examinee for answering exam questions
- iv. Ensuring that the examinee sits the exam on a computer provided by the exam venue. The examinee may not take the exam on his/her personal device

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

- i. I, the undersigned proctor, agree to supervise the undersigned examinee while s/he sits the CAIB exam. I will ensure that the exam is written on the scheduled exam date and time, and will keep my 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 Manitoba and the Insurance Council of Manitoba.
- iii. I, the undersigned proctor, acknowledge that all examinations are subject to random audit by IBAM and/or the Insurance Council of Manitoba.

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 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. Please be aware that the **Submit** button must be clicked each time the examinee answers 1 or 2 questions. This ensures that all answers are uploaded, even in the event of technical difficulties.

Section D. Academic Dishonesty Policy (Cheating):

Cheating is a serious offence. IBAM 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 fees. No reimbursements will be issued.
- iv. A written report to the Insurance Council of Manitoba, which may sanction the examinee up to and including suspension or cancellation of his/her insurance licence.

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 the standard exam 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 IBAM 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:

Requested Exam Level: CAIB 1: CAIB 2: CAIB 3: CAIB 4:

Date & Time Exam is to Occur: _____

Examinee’s Full Name: _____

Examinee’s Handwritten Signature: _____

Proctor’s Handwritten Signature: _____

Send applications to: **Mail:** IBAM, 600-1445 Portage Ave, Winnipeg, Manitoba, R3G 3P4
Email: katrinahueging@ibam.mb.ca **Fax:** 204-489-0316

Office Use Only – Access:_____