FIS 0407 (9/06) Office of Financial and Insurance Services

Payment Sheet for Continuing Education Course/Provider

IMPORTANT INSTRUCTIONS: Payment processing has changed.
Please follow these instructions to help us process your application as quickly as possible.

1. Complete this Payment Sheet as shown in the payment examples.
2. Make check or money order for full amount due payable to "State of Michigan."
3. Paperclip Payment Sheet and payment to the FRONT of your application filing.

Use this address for your application filing and all Continuing Education correspondence:

Thomson Prometric/MI CE
3105 S Martin Luther King Blvd PMB 179
Lansing MI 48910-2939

PAYMENT EXAMPLES

Example 1- Initial provider application (provider has not been approved in Michigan yet). Provider in this example is submitting one course for approval.

Quantity	Amount	Fee Type/Code/Description	Extension
1	$500.00	Provider authorization fee One time fee for each provider	$500.00
1	$25.00	Course filing fee Non-refundable fee for each course	$25.00
		EXAMPLE AMOUNT DUE	$525.00

When filing multiple courses, use one payment sheet and write one check for all applications enclosed.

Example 2- Application for 8 new courses (provider is already approved in Michigan). Provider sends 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course), and one form FIS 0407 Payment Sheet.

Quantity	Amount	Fee Type/Code/Description	Extension
	$500.00	Provider authorization fee One time fee for each provider	
8	$25.00	Course filing fee Non-refundable fee for each course	$200.00
		EXAMPLE AMOUNT DUE	$200.00

Michigan Department of Labor & Economic Growth

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Visit OFIS online at: www.michigan.gov/ofis **Phone OFIS toll-free at: 1-877-999-6442**

Complete below. Attach sheet and payment to the front of your filing.

Continuing Education Provider Name

Federal Emp. I.D. No. (SSN if individual) Use same number entered on your application

Quantity	Amount	Fee Type/Code/Description	Extension	Fee Code
	$500.00	Provider authorization fee One time fee for each provider		81-15-01
	$25.00	Course filing fee Non-refundable fee for each course		81-15-67
		TOTAL AMOUNT DUE Enclose check or money order payable in US Dollars. Do not send cash.	$	

Please do not write below this line.

Please make check or money order payable to: State of Michigan

Application for Continuing Education Course/Provider Approval

TWO COMPLETE COPIES of this application and supporting documentation are required before your request for continuing education provider and/or course approval will be considered.

Application must be properly completed and accompanied by all fees, payment card and supporting documentation. Complete a separate application for each course.

Part 1-Choose approval type (only one) and enter all requested information

☐ **Initial Provider Approval**

*Complete **all** 3 parts. Providers must submit at least one (1) course (minimum 1 credit hour) for approval on this application. Provider number will be assigned upon approval of course.*

☐ **Course Approval / Renewal**

(If provider is already approved in Michigan) *Enter your Michigan provider number, and complete **all** 3 parts.*

Please enter your 4-digit Michigan Provider Number

☐☐☐☐

Provider name and complete address

Provider is what kind of organization?

☐ Insurer ☐ Agency ☐ Publishing company
☐ Association ☐ Individual ☐ Educational institution
☐ Other *(please describe):*

Contact person name

Provider Federal Employer I.D. No. (Social Security No. if individual provider)

Daytime telephone number ( )

Fax number ( )

Contact person email address

☐ *Please check this box if any of your provider information has changed since your last filing.*

Part 2-Course Approval

Course name *(may **not** be more than 72 characters including spaces)*

Has another provider received MI approval for this course?

☐ Yes ☐ No

If yes, give Michigan course name and number assigned, and name of provider who received original course approval:

Is this a one-time course offering? *If yes, what is the date of the course offering?*

☐ Yes ☐ No

Is this a revision or renewal of an existing course?

☐ Revision ☐ Renewal *If either, enter previous course number:*

TOTAL NUMBER OF CREDIT HOURS REQUESTED FOR THIS COURSE: *(in whole numbers)*

Method of instruction *(select one)*

☐ Classroom, seminar, monitored teleconference, monitored web-based
☐ Self-study, correspondence, computer based

Is course offered to all persons in the industry?

☐ Yes ☐ No

If yes, attach sample promotional materials to this application

Is this course preparation for a national exam/professional designation?

☐ Yes ☐ No

Successful completion is determined by:
(select each that applies)

☐ Final exam
☐ Attendance monitored

Course Concentration
(enter hours for all that apply)

Subject	*Hours*
Life	
Health	
Property	
Casualty	
Ethics	
Other (describe):	

Michigan Department of Labor & Economic Growth

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OFFICIAL USE ONLY

Date application rec'd

Assigned to evaluator

L/H Hours

Ethics Hours

Assign course #

Application Status ☐ RJ ☐ DC ☐ DI

Fee received

Date returned

P/C Hours

Either Hours

Total credit hours

Date notified

Part 2-Course Approval (continued) *complete each section below as instructed*

Course Topics *(select all major topics applicable to course)*

- ☐ **Fundamentals/principles of insurance**
  Definitions, legal principles in insurance, elements of the insurance contract, types of policies, industry structure
- ☐ **Ethics in insurance**
- ☐ **Legal, legislative, regulatory matters**
- ☐ **Provisions/differences in insurance contracts**
  Policy analysis, policy comparisons
- ☐ **Accounting/actuarial considerations in insurance**
  Rating techniques/factors, underwriting considerations, self-insurance funds
- ☐ **Principles of risk management**
  Risk control techniques, risk financing mechanisms, risk identification/evaluation, self-insurance funds
- ☐ **Estate planning/taxation related to insurance**
  Probate court issues, update on tax issues
- ☐ **Claims/underwriting**
- ☐ **Agency management**
- ☐ **Adjuster**
- ☐ **Credit products**
- ☐ **Other** *(describe)*

_____

_____

_____

_____

Has course been *disapproved* in other states? ☐ Yes ☐ No — *If Yes, enter the 2 letter state abbreviations of each state that disapproved this course:*

Student materials are:
(select each that applies and complete table below) ☐ Instructor prepared outlines ☐ Published materials

Title *(attach additional sheet if needed)*	No. of pages	Copyright date	Editor/Author	Publisher

SELF STUDY PROGRAMS ONLY complete this section

Type of Self-Study *(select all that apply)*

- ☐ Audio tape
- ☐ Teleconference
- ☐ Computer based
- ☐ Other *(describe below)*
- ☐ Text/workbook — *(Include table of contents with page allocations)*
- ☐ Videotape
- ☐ Internet

Describe or attach test security procedures *(Do NOT send exams)*

For each item that applies, enter the *NUMBER* of:

Pages of text *excluding* appendices, glossary, indexes and exams:	
Computer screens:	
Minutes of tape or computer time:	
Minutes in classroom or teleconference:	
From purchase, days students have to complete materials:	

CLASSROOM/SEMINAR PROGRAMS ONLY complete this section

Describe or attach method used to verify attendance:

Describe or attach instructor criteria:
(Do NOT include individual biography or resume)

CLASS TIME in minutes:
(net EXCLUDES introduction, breaks, meals and subjects not directly related to the course)

TOTAL class time	NET class time

Part 3-Certification *(required for all applications)*

I certify that I have read the current Continuing Education Provider information on the OFIS website at michigan.gov/OFIS (use left navigation to go to Licensing/Education/ Insurance Continuing Education. I certify that this application with supporting documentation is complete and correct.

Signature	Date signed	Signer's name and title *(type or print)*

PA 1 of 1992 requires submission of this form to request approval for continuing education providers and courses. Failure to properly complete or file this form could result in denial of approval and forfeiture of fees.

Use this checklist to assure that your filing is complete

Keep this page for your records

ALL APPLICATIONS *for* COURSE APPROVAL *must include ONE ORIGINAL AND ONE COMPLETE COPY of the following:*

- ☐ Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval (pages 1 and 2)
- ☐ Sample of Certificate of Completion
- ☐ Summary of course purpose/objectives
- ☐ Table of Contents with page allocations for self-study programs
- ☐ Content outline with time allocated to each detailed segment
- ☐ Sample promotional materials
- ☐ Bibliography
- ☐ Instructor criteria for classroom
- ☐ Test security procedures for self-study
- ☐ Sign-in/out sheet that includes: Provider name and number, course name and number, credit hours, date offered, attendee name and system ID number, time each specific attendee signed in and out, and attendee's signature *(see example below).*

Also include ONLY ONE of the following:

- ☐ Form FIS 0407 Payment Sheet for Continuing Education *properly completed*, accompanied by payment for total amount of fees due. Attach to front of your application filing.

Mail your completed filing to:

Thomson Prometric/MI CE
3105 S Martin Luther King Blvd PMB 179
Lansing MI 48910-2939

Remember to include TWO COPIES of each application and supporting documentation. Enclose payment and **ONE Payment Card,** properly completed. We cannot process your application without these items.

Example Sign-in/Sign-out sheet for CE course providers

Design a similar personalized sign-in/sign-out sheet to meet OFIS requirements

Sample Educational Ventures LLC
Michigan Provider number 5555

Course name: Insurance Ethics Principles and Case Studies
Course number: 99999
CE approved hours: 1
Date offered: 02/02/2006

Attendee name	System ID/ License Number	Time IN	Time OUT	Attendee Signature
Ima Sample	0055555	8:30 AM	9:30 AM	Ima Sample