FIS 0407 (10/05) Office of Financial and Insurance Services

Checklist and Payment Card for Continuing Education Course/Provider

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

Promissor-Michigan CE
P.O. Box 8588
Philadelphia, PA 19101-8588

Failure to use this address will delay processing of your application

Complete payment card and detach. Paperclip card and check to the front of your completed application.

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

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
- ☐ 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 including provider name and number, course name and number, credit hours, PE/CE checkbox, and attendee name and system ID number
- ☐ One (1) Payment Card (cut from the bottom of this sheet) *properly completed* and accompanied by check for total amount of fees due *(see examples at right)*

MULTIPLE COURSES: USE ONE PAYMENT CARD AND WRITE ONE CHECK FOR ALL APPLICATIONS ENCLOSED.

PAYMENT CARD 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	Fee	Fee Amount	Extension
1	**Provider authorization fee** One time fee for each provider	**$500.00**	500.00
1	**Course filing fee** Non-refundable fee for each course	**$25.00**	25.00
	EXAMPLE AMOUNT DUE		**$** 525.00

Example 2- **Application for 8 new courses (provider is approved in Michigan). Provider must include 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course).**

Quantity	Fee	Fee Amount	Extension
0	**Provider authorization fee** One time fee for each provider	**$500.00**	0
8	**Course filing fee** Non-refundable fee for each course	**$25.00**	200.00
	EXAMPLE AMOUNT DUE		**$** 200.00

Please cut here. Keep top checklist for your records. Complete and return payment card with application and payment.

FIS 0407 (11/02) Send directly to: **Promissor - Michigan CE PO Box 8588 Philadelphia PA 19101-8588**

Payment Card for Continuing Education Provider/Course

Please complete and include this card so we can process your application without delay.

Continuing Education Provider Name

81-15

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

Make check payable to: Promissor

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

Please do not write below this point, or on back of card. Doing so could delay processing.