Application for Insurance Prelicensing Education Provider/Course Approval

Complete a separate application for each course. Attach a copy of the required documentation and submit to OFIR (see page 2 of this form).

Part 1 - Provider information

This is an application for *(choose one)*:

☐ New provider approval
(provider number will be assigned upon course approval)

☐ An approved MI provider submitting an additional course for approval → Please enter your 4-digit Michigan Provider Number:

Provider name and complete address	Indicate provider organization type *(select only one)* ☐ Authorized insurer ☐ Insurance trade association ☐ Education institution listed in the state board of education directory of institutions of higher learning ☐ Education institution offering home study course that has been in existence for not less than 5 years
Contact person name	Provider Federal Employer ID (SSN if individual)
Daytime phone number ( )	Fax number ( )

Contact person email address

Part 2 - Course Approval

Course name (up to 72 characters including spaces)

Is this course offered to all persons in the industry (open to the public)? ☐ Yes ☐ No

Has another provider received Michigan approval for this course?
☐ Yes ☐ No
If "Yes," what is the Michigan course number? _____

Is this a revision or renewal of an approved or existing course?
☐ Yes-Revision ☐ Yes-Renewal ☐ No
If "Yes," what is the Michigan course number? _____

Course concentration
(check only one, file a separate application for each additional course)

Line(s) of Insurance	Minimum Hours Required*	Enter hours requested
☐ Life	20	
☐ Health	20	
☐ Property	20	
☐ Casualty	20	
☐ Personal Lines	20	

*The hours required includes the mandatory 6 hours of instruction on Michigan code for each line of insurance. If two courses will be offered together as a "combo" course, only 6 hours of Michigan code instruction is required for the combined class, not 12.

Please complete page 2 of this form

For Office Use Only

Date assigned - -
Assigned to evaluator
Life
Health
Course number assigned
Application status
Date returned - -
Property
Casualty
PersLns
Total Hours
Date notified - -

Part 3 - Method of Instruction *(check box to indicate either Self Study Program or Classroom/Seminar Program and complete section below the checkbox)*

☐ Self Study Program *Check to indicate applicable program media. Enter the program specifications for the program media checked.*

Program media *(check all that apply)*

☐ Audio ☐ Video ☐ Teleconference

☐ Internet or computer based program

☐ Textbook

All programs: From purchase date, how many days do students have to complete the materials? _____

Total minutes of instructional material _____

Total minutes on average to complete entire program _____

Excluding appendices, glossary, index and exams:

Total pages of text _____

Total word count _____

Describe (or attach) test security procedures

☐ Classroom or Seminar Program *Check to indicate applicable program media. Enter the program specifications for the program media checked.*

Instructor experience (*check all that apply*)

☐ At least 3 years experience in line being taught

☐ At least 3 years teaching experience

☐ At least 3 years experience in insurance and teaching combined

Class time in minutes

Total *overall* class time _____

Total *net class time (EXCLUDES introduction, breaks, meals and subjects not directly related to the course* _____

Describe (or attach) method used to verify attendance

Certification

I certify that the information on and attached to this application is true, complete and correct. I understand that submitting false information, or omitting pertinent information may subject me to civil or criminal penalties including, but not limited to, denial or withdrawal of approval for this and any courses I have filed in Michigan.

Signature Date signed

Signer's name and title typed or printed

When application is complete, make a copy for your files.
Send original application to this address:

Prometric/OFIR
Suite 104
1701 S Waverly Rd
Lansing MI 48917-4300

Required Documentation:
Send the following preferably as an electronic file attached to an email or burned to a CD. If electronic submission is not possible, hardcopy is acceptable. The email address for submission is: pro.mi-pe@prometric.com

1. Content outline with time allocations or page numbers
2. A COPY of the textbook, CD-Rom or access to Internet course
3. Resume of each instructor *(describe insurance and teaching experience)*

Authority: 1986 PA 173 as amended. Completion is required to be considered for approval to provide insurance pre-licensing courses to meet Michigan licensing requirements. Failure to properly complete this form; or providing false, inaccurate or incomplete information may result in denial or withdrawal of approval to offer this or other programs in Michigan, and any other applicable civil or criminal penalties.