

# Payment Sheet for Continuing Education Course/Provider

**IMPORTANT INSTRUCTIONS:**

Please follow these instructions to help us process your application as quickly as possible. All fees are non-transferable and non-refundable.

Applications are processed for Michigan by PSI Services. Send all applications to PSI by email to: [miinsurance@psiexams.com](mailto:miinsurance@psiexams.com)

The phone number for PSI's Michigan Application Processing Center is 877-526-6833.

1. Complete this Payment Sheet as shown in examples. Be sure to enter Name, FEIN and Michigan Provider Number.
2. An invoice will be emailed to the provider, follow the instructions for payment.

**PAYMENT EXAMPLES**

Example 1 – Initial provider application for a provider not yet approved in Michigan. Provider in this example is submitting one course for approval

Quantity	Amount	Fee Type/Code/Description	Extension
1	\$500.00	New provider authorization fee	\$500.00
1	\$25.00	New course filing fee	\$25.00
<b>EXAMPLE AMOUNT DUE</b>			\$525.00

Example 2 – Application for two (2) new courses. Provider sends two (2) completed FIS 0406 Application for Continuing Education Course/Provider forms – one (1) form for each course and one (1) FIS 0407 Payment Sheet.

Quantity	Amount	Fee Type/Code/Description	Extension
	\$500.00	New provider authorization fee	
2	\$25.00	New course filing fee	\$50.00
<b>EXAMPLE AMOUNT DUE</b>			\$50.00

*When filing multiple courses, use one payment sheet and an email for payment will be sent.*



**Michigan Department of Insurance and Financial Services**  
 DIFS is an equal opportunity employer/program.  
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
 Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442

Complete each item below.

Continuing Education Provider Name													
Your 4-digit Michigan provider number	Quantity	Amount	Fee Type/Code/Description										
		\$500.00	New provider authorization fee or FEIN change										
Federal Emp. I.D. No. (SSN if individual). Use same number entered on your application		\$25.00	New course filing fee										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<b>TOTAL AMOUNT DUE</b>		\$
An invoice will be emailed to the provider, follow the instructions for payment.													

### Application for Continuing Education Course/Provider Approval

▶ Application must be properly completed and emailed with a completed FIS 0407 Payment Sheet to PSI for processing at: [miinsurance@psixams.com](mailto:miinsurance@psixams.com).

▶ Mailed applications require prior approval. Contact PSI by email to [miinsurance@psixams.com](mailto:miinsurance@psixams.com) for prior approval.

**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 hr.) 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 the Michigan provider number, and *complete all 3 parts.*

Enter the 4-digit Michigan Provider Number

**Provider Name & Complete Address**

Name		
Street Address		Suite/Unit #
City	State	ZIP Code
Contact Person Name		
Daytime Telephone No.	Ext.	Fax No.

**Provider is what kind of organization?**

<input type="checkbox"/> Agency	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> Association	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Limited Liability Co.
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Publishing Company
<input type="checkbox"/> Individual/Person	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other (please describe):	
Provider Federal Employer ID No. (Soc. Sec. No. if Individual Provider)	
Contact Person Email Address	

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

**Part 2-Course Approval**

<b>Course Name</b>	<b>Method of instruction (select one)</b> <input type="checkbox"/> Classroom (contact): seminar, workshop, web-based teleconference <input type="checkbox"/> Self-study (non-contact): correspondence, online training, video/audio/CD/DVD													
<b>Has another provider received MI approval for this course?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Michigan course name and number assigned, and name of provider who received original course approval: _____	<b>Is this course open to the public (offered to all persons in the industry)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach sample promotional materials to this application)  <b>Is this course preparation for a national exam / professional designation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Course Concentration</b> (enter hours for all that apply)												
<b>Is this a one-time course offering?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of course offering: _____	<b>Successful completion is determined by:</b> (select each that applies) <input type="checkbox"/> Final Exam <input type="checkbox"/> Attendance Monitored	<table border="1"> <thead> <tr> <th>Subject</th> <th>Hours</th> </tr> </thead> <tbody> <tr><td>Life</td><td></td></tr> <tr><td>Health</td><td></td></tr> <tr><td>Property</td><td></td></tr> <tr><td>Casualty</td><td></td></tr> <tr><td>Ethics*</td><td></td></tr> </tbody> </table>	Subject	Hours	Life		Health		Property		Casualty		Ethics*	
Subject	Hours													
Life														
Health														
Property														
Casualty														
Ethics*														
<b>Is this a revision or renewal of an existing course?</b> <input type="checkbox"/> Revision <input type="checkbox"/> Renewal If either, enter Michigan course number: _____  If the course is an existing one and has changed at all since approval, check the "Revision" box. By checking the "Renewal" box, you certify that the content of the course has not changed at all since approval.	* for ETHICS, indicate specific amount of hours TOTAL HOURS REQUESTED FOR THIS COURSE:													

**FOR OFFICE USE ONLY**

<b>Date Application Rec'd</b> [ ]	<b>Assigned to Evaluator</b> [ ]	<b>L/H Hours</b> [ ]	<b>Ethics Hours</b> [ ]	<b>Assign Course #</b> [ ]		
<b>Application Status</b> <input type="checkbox"/> RJ <input type="checkbox"/> DC <input type="checkbox"/> DI	<b>Fee Received</b> [ ]	<b>Date Returned</b> [ ]	<b>P/C Hours</b> [ ]	<b>Either Hours</b> [ ]	<b>Total Cr Hours</b> [ ]	<b>Date Notified</b> [ ]

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

**COURSE TOPICS** (select all major topics applicable to course)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Accounting/Actuarial considerations in insurance</b><br><i>Rating techniques/factors, underwriting considerations, self-insurance funds</i><br><input type="checkbox"/> <b>Adjuster</b><br><input type="checkbox"/> <b>Agency management</b><br><input type="checkbox"/> <b>Annuities</b><br><input type="checkbox"/> <b>Claims/Underwriting</b><br><input type="checkbox"/> <b>Counselor</b> | <input type="checkbox"/> <b>Estate planning/taxation related to insurance</b><br><i>Probate court issues, update on tax issues</i><br><input type="checkbox"/> <b>Ethics in insurance</b><br><input type="checkbox"/> <b>Flood</b><br><input type="checkbox"/> <b>Fundamentals/Principles of insurance</b><br><i>Definitions, legal principles in insurance, elements of the insurance contract, types of policies, industry structure</i><br><input type="checkbox"/> <b>Legal, legislative, regulatory matters</b><br><input type="checkbox"/> <b>LTC – Partnership</b><br><i>Must meet statutory topics</i> | <input type="checkbox"/> <b>Principles of risk management</b><br><i>Risk control techniques, risk financing mechanisms, risk identification/evaluation, self-insurance funds</i><br><input type="checkbox"/> <b>Provisions/differences in insurance contracts</b><br><i>Policy analysis, policy comparisons</i><br><input type="checkbox"/> <b>Restoration</b><br><input type="checkbox"/> <b>Other (please describe):</b> |
|---|--|--|

Has course been *disapproved* in other states?  Yes  No      If yes, enter the 2-letter state abbreviation of each state that disapproved the course:

**Student materials:** select *each* that applies and complete the 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

- Audiotape
- Computer based
- Internet
- Teleconference
- Text/workbook \_\_\_\_\_ (include table of contents with page allocation)
- Videotape
- Other (describe below)

For each item that applies, enter the NUMBER of:

- Pages of text *excluding* appendices, glossary, indexes and exams
- Word count per page for self-study
- Minutes of tape or computer time
- Minutes in classroom program
- From date of purchase: days students are given to complete materials

Describe test security procedures in 200 characters or less **OR** attach test security procedures (do not send exam) **Check here if attaching test procedures**

**\*CLASSROOM PROGRAMS ONLY** complete this section

Describe or attach method used to verify attendance: <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Teleconference <input type="checkbox"/> Web-based ( <b>see page 4 for required documentation</b> ) <input type="checkbox"/> Other (describe below)	Attach class announcements/protocol: <b>Check here if attaching class announcements/protocol</b> <input type="checkbox"/> <b>OR</b> Describe class announcements/protocol in 200 characters or less	Class Time in <b>minutes EXCLUDING</b> introduction, breaks, meals and subjects not directly related to the course:	
		<b>TOTAL</b> class time _____ min	<b>NET</b> class time _____ min

**\*An FIS 2327 Application for Insurance Education Instructor Approval must be submitted by the instructor and approved by DIFS Insurance Licensing staff prior to offering the course requested on this application.**

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

I certify that I have read the current CE Provider information on the DIFS website at <https://www.michigan.gov/difs/industry/licensing-ins/education/ins-cont-ed-prov/continuing-education-ce-provider-process>. I certify that this application, with supporting documentation, is complete and accurate.

Signature	Date	Signer's Name & Title (type or print clearly)
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**Print and use this checklist to ensure that your filing is complete. Keep this page for your records.**

Applications for course approval MUST INCLUDE **ONE ORIGINAL AND ONE COMPLETE COPY** of the following:

**Classroom**

- Properly completed and signed FIS 0406 Application for Continuing Education Course/Provider Approval (*pages 1 and 2*)
- Sample of Certificate of Completion (*see example on page 4*)
- Summary of course purpose/objectives
- Content outline with time allocated to each detailed segment
- Sample promotional materials
- Bibliography
- Class announcements/protocol
- 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 on page 4*)

**Self-Study/Online**

- Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval (*pages 1 and 2*)
- Sample of Certificate of Completion (*see example on page 4*)
- Summary of course purpose/objectives
- Table of Contents with page allocations
- Sample promotional materials
- Bibliography
- Test security procedures

**Web-Based Programs\***

- Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval (*pages 1 and 2*)
- Sample of Certificate of Completion (*see example on page 4*)
- Summary of course purpose/objectives
- Content outline with time allocated to each detailed segment
- Sample promotional materials
- Bibliography

**\*Web-Based Programs** must also include requirements or procedures verifying compliance with the web-based CE course guidelines.

Refer to the [Web-Based CE Course Guidelines for Michigan](#) to review the complete statement of requirements.

- #3 – Procedure for conducting course in real time in all locations
- #4 – Procedure for verifying identity and license number of participants
- #5 – Procedure for verifying attendance, sign-in/out and maintenance of attendance records
- #6 – Participant affidavits verifying identity and participation (include a sample affidavit)
- #9 – Submit electronic or paper copies of all course materials and student handouts
- #10 – Describe the software or provider used for delivering web-based program
- #11 – Policy for use of polling questions and/or attendance verification codes
- #12 – Policy for identifying inactive participants
- #13 – Policy for deeming a participant inactive and denying course credit
- #14 – Procedure to allow participants the ability to ask/answer questions during the course
- #16 – Guidelines for course participation and distribution to participants

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.

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

**\*The FIS 2327 Application for Insurance Education Instructor Approval must be submitted to DIFS by the instructor and approved by DIFS Insurance Licensing staff prior to offering the course requested on this application. The FIS 2327 form should not be submitted with this application.**

**The FIS 2331 Insurance Education Instructor Association Request must be submitted to associate or disassociate approved instructors to you as a provider.**

