

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 PSI as indicated on 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 & Complete Address			Indicate provider organization type (select only one)	
Name			<input type="checkbox"/> Authorized insurer <input type="checkbox"/> Insurance trade association <input type="checkbox"/> Educational institution listed in the State Board of Education directory of institutions of higher learning <input type="checkbox"/> Educational institution offering home study course that has been in existence for not less than 5 years	
Street Address		Suite/Unit #		
City	State	ZIP Code	Provider Federal Employer ID No. (SSN if individual)	
Contact Person Name	Daytime Telephone No.	Ext.	Fax No.	Contact Person Email Address

Part 2 – Course Approval

Course Name (up to 72 characters including spaces)	Has another provider received MI approval for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the Michigan course number? _____																		
Is this course offered to all persons in the industry (open to the public)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a revision or renewal of an approved or existing course? <input type="checkbox"/> Yes: Revision <input type="checkbox"/> Yes: Renewal <input type="checkbox"/> No If "Yes," what is the Michigan course number? _____																		
Course concentration Check only one. File a separate application for each additional course. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lines(s) of Insurance</th> <th style="text-align: center;">Minimum Hours Required*</th> <th style="text-align: center;">Enter Hours Requested</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Life</td> <td style="text-align: center;">20</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Health</td> <td style="text-align: center;">20</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Property</td> <td style="text-align: center;">20</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Casualty</td> <td style="text-align: center;">20</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Personal Lines</td> <td style="text-align: center;">20</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Lines(s) of Insurance	Minimum Hours Required*	Enter Hours Requested	<input type="checkbox"/> Life	20	_____	<input type="checkbox"/> Health	20	_____	<input type="checkbox"/> Property	20	_____	<input type="checkbox"/> Casualty	20	_____	<input type="checkbox"/> Personal Lines	20	_____	*The hours required include 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 are required for the combined class, not 12 hours.
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<input type="checkbox"/> Health	20	_____																	
<input type="checkbox"/> Property	20	_____																	
<input type="checkbox"/> Casualty	20	_____																	
<input type="checkbox"/> Personal Lines	20	_____																	

Please complete Page 2 of this form

For Office Use Only					
Date assigned	Assigned to evaluator	Life	Health	Pers Lines	Course number assigned
- -					
Application Status	Date returned	Property	Casualty	Total Hours	Date notified
	- -				- -

Part 3 – Method of Instruction Check box to indicate either Self-Study Program or Classroom/Seminar Program, then complete section below the checked box.

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

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

Program media – check all that apply

Audio Video Teleconference

Internet or computer-based program

Textbook

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 and attach résumé

Class time in minutes

At least 3 years of experience in line being taught

Total overall class time _____

At least 3 years of teaching experience

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

At least 3 years of experience in insurance and teaching combined

Describe (or attach) test security procedures

Certification

I certify that 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 & Title typed or printed	

When application is complete, make a copy for your files. Submit application and the required documentation:

1. Content outline with time allocations or page numbers
2. A COPY of the textbook, a CD-ROM of the course materials, or access to view an Internet course
3. Résumé of each instructor, including a description of insurance and teaching experience

Application and documentation may be submitted

By Mail:
 PSI
 Attn: MI Application Processing Center
 3210 E. Tropicana
 Las Vegas, NV 89121

By Email:
 OR MIINSURANCE@PSIEXAMS.COM

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.