

Certificate Number

Approved by:

Date:

ORIGINAL APPLICATION FOR DRIVER EDUCATION INSTRUCTOR CERTIFICATE

INSTRUCTIONS: Fill in all requested information. Sign and date the form, and return it with the fee and required supporting documents. Original driver education instructor certificate applicants may not provide instruction (classroom or behind-the-wheel) before applying for and receiving a certificate. Applicants for conditional driver education instructor approval may not participate in a practicum (student teach) before receiving written authorization. The **original** driver education instructor certificate or conditional letter of approval must be presented to each employer (provider).

Name: Last	First	Middle	Date of Birth
Street Address			City, State, Zip
Driver License Number	State of Licensure	E-mail Address	Home Phone ()
If applying for conditional approval , check the box below, complete the additional section on the back of this application, and submit verification of coursework as instructed on back. <input type="checkbox"/>	What type of program(s) are you qualified to teach? <input type="checkbox"/> Teen (14.8 to 18) <input type="checkbox"/> Adult (18+) <input type="checkbox"/> Truck		For full, original certification , submit verification (transcript or completion certificates) from the Instructor Preparation Program verifying the successful completion of required driver education coursework (not required for truck driver education instructors).

Have you ever been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state?

Yes No If **YES**, give complete details on a separate sheet.

Have you ever been arrested or convicted of a crime?

Yes No If **YES**, give complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).

SIGNATURE AND CERTIFICATIONS

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I hereby grant the licensing authority in any state or jurisdiction permission to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State.
- I stipulate and agree that any legal process affecting me, served on the Department of State, shall have the same effect as if personally served on me. I agree that this appointment shall remain in force as long as I have any outstanding liability within this state by authority of 2006 PA 384.
- I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check.
- I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.
- I hereby certify that the statements contained in this application are true to the best of my knowledge and belief.
- If I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record every 60 days.

Printed Name

Signature

Date

Return with application:

- Nonrefundable application processing fee in the form of a check or money order for \$45 made payable to **State of Michigan**.
- Medical Examination Report (signed within the past 90 days).
- ADULT AND TEEN INSTRUCTORS:** Verification of successful completion of required driver education coursework.

Criminal history check (Live Scan) results will be forwarded to the Department of State by the Michigan State Police.

Mail application, fees, and supporting documentation to:

Michigan Department of State
Licensing Unit
Lansing, MI 48918

ALLOW AT LEAST 30 DAYS FOR PROCESSING

DEPARTMENT USE ONLY

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CONDITIONAL DRIVER EDUCATION INSTRUCTOR APPROVAL

INSTRUCTIONS: Submit verification (completion certificates or letter) from the Instructor Preparation Program indicating completion of the first three required courses plus enrollment in the practicum course.

Name and certificate number of the cooperating (mentoring) instructor for the classroom portion of the practicum instruction:	Name	Employing Provider
	Instructor's Certificate Number	Provider's Certificate Number
Name and certificate number of the cooperating (mentoring) instructor for the behind-the-wheel (BTW) portion of the practicum instruction, if different:	Name	Employing Provider
	Instructor's Certificate Number	Provider's Certificate Number

I affirm that the applicant is scheduled to complete his or her practicum as identified above, and that the cooperating instructor(s) has been certified to teach teens for at least five years.

Classroom phase _____
 Owner or Designated Representative's name Signature Date

BTW phase* _____
 Owner or Designated Representative's name Signature Date

*Signature required only if the BTW practicum is being completed at a different provider than the classroom practicum.

Return the completed form along with the fee and required documentation to the Licensing Unit (address on front of application). Once processed, you will receive a Letter of Approval, authorizing you to participate in the practicum (student teach).

Upon successfully completing the practicum course, submit copies of your completion certificates for all four courses to the Licensing Unit. The certificates will be reviewed and, if approved, your Original Instructor Certificate will be issued.