

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

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
EXAMPLE AMOUNT DUE			\$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
EXAMPLE AMOUNT DUE			\$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 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	Extension
		\$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	
	TOTAL AMOUNT DUE			\$
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.

▶ Mailed applications require prior approval. Contact PSI by email to 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		Suite/Unit #		Provider is what kind of organization? <input type="checkbox"/> Agency <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Educational Institution <input type="checkbox"/> Individual/Person <input type="checkbox"/> Other (please describe): <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Limited Liability Co. <input type="checkbox"/> Publishing Company <input type="checkbox"/> Sole Proprietorship	
Street Address		City			
State	ZIP Code	Contact Person Name			
Daytime Telephone No.	Ext.	Fax No.	Provider Federal Employer ID No. (Soc. Sec. No. if Individual Provider)		
Contact Person Name		Contact Person Email Address			

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

Part 2-Course Approval

Course Name _____		Method of instruction (select one) <input type="checkbox"/> Classroom (contact): seminar, workshop, web-based teleconference <input type="checkbox"/> Self-study (non-contact): correspondence, online training, video/audio/CD/DVD													
Has another provider received MI approval for this course? <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: _____ _____		Is this course open to the public (offered to all persons in the industry)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach sample promotional materials to this application)													
Is this a one-time course offering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of course offering: _____		Is this course preparation for a national exam / professional designation? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Is this a revision or renewal of an existing course? <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.		Successful completion is determined by: (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> <p>* for ETHICS, indicate specific amount of hours TOTAL HOURS REQUESTED FOR THIS COURSE:</p>		Subject	Hours	Life		Health		Property		Casualty		Ethics*	
Subject	Hours														
Life															
Health															
Property															
Casualty															
Ethics*															

FOR OFFICE USE ONLY

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

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

COURSE TOPICS (select all major topics applicable to course)

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

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

For each item that applies, enter the **NUMBER** of:

<input type="checkbox"/> Audiotape <input type="checkbox"/> Computer based <input type="checkbox"/> Internet <input type="checkbox"/> Teleconference <input type="checkbox"/> Text/workbook _____ (include table of contents with page allocation) <input type="checkbox"/> Videotape <input type="checkbox"/> Other (describe below)	Pages of text <i>excluding</i> 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 (see page 4 for required documentation) <input type="checkbox"/> Other (describe below)	Attach class announcements/protocol: Check here if attaching class announcements/protocol <input type="checkbox"/> OR Describe class announcements/protocol in 200 characters or less	Class Time in minutes EXCLUDING introduction, breaks, meals and subjects not directly related to the course:	
		TOTAL class time _____ min	NET 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/0,5269,7-303-22535_23382-72374--,00.html. 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.

Example Certificate of Completion and Sign-in/Sign-out sheet for CE course providers
 Design a similar personalized sign-in/sign-out sheet to meet DIFS requirements

**MICHIGAN CERTIFICATE OF COMPLETION
FOR CONTINUING EDUCATION**

Name of Producer _____ License/System ID # _____
 Street Address _____ State _____ ZIP Code _____
 Course Title _____
 Course ID Number _____ Credit Hours _____
 Provider Name and Number _____ Date Course Completed _____
 Date Credits Reported _____

I, _____, do hereby certify that the above student has successfully completed the course.

 Signature of Authorized Training Representative Date

This is your official record of completion of the above-referenced course. Please retain this certificate of completion until such time that your current review period has expired. As required by the Michigan Insurance Code, the credit hours and required fees will be reported to the State of Michigan’s CE Provider Entry System by this education provider. Note that providers have up to 30 days from the date of the course completion to comply with this requirement.

Sample Educational Ventures LLC
 Michigan Provider Number 5555

Course Name: Insurance Ethics Principles and Case Studies
 Course Number: 99999
 CE Approved hours: 3
 Date Offered: 06/06/2018

Attendee Name	System ID/License Number	Time IN	Time OUT	Attendee Signature
Ima Sample	0055555	08:30am	9:30am	<i>Ima Sample</i>