Application for Insurance Pre-Licensing Education Provider/Course Approval

Complete a separate application for each course. Submit to PSI as indicated on Page 2.

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			☐ Authorized insurer ☐ Insurance trade association ☐ Educational institution listed in the State Board of Education directory of institutions of higher learning ☐ 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 FEIN / SSN if individual
Contact Person Name	Daytime Telephone	Ext.	Fax	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? ☐ Yes ☐ No *If "Yes," what is the Michigan course number?* _____
Is this course offered to all persons in the industry (open to the public)? ☐ Yes ☐ No	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.

Lines(s) of Insurance	Minimum Hours Required*	Enter Hours Requested	Lines(s) of Insurance	Minimum Hours Required*	Enter Hours Requested
☐ Life	20	_____	☐ Property	20	_____
☐ Accident & Health	20	_____	☐ Casualty	20	_____
			☐ 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.

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 - -

 Attach additional sheets as necessary to complete all answers.

Part 3 – Insurance Education Instructor Approval

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. This is required for ALL program types listed below.

Part 4 – Method of Instruction: Check box to indicate Self-Study Program or Classroom/ Webinar/ Seminar Program, then complete the section below the checked box.

☐ **Self-Study Program**: *Check to indicate applicable program media and enter program specifications.*

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, Webinar, or Seminar Program**: *Check to indicate applicable program media and enter program specifications.*

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

1. Content outline with time allocations or page numbers
2. Copies of the course materials, or access to view an Internet course

Application and documentation may be submitted by email to MIINSURANCE@PSIEXAMS.COM

Mailed applications require prior approval.
Email request to 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.