

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.

Use this address for your application filing and all Continuing Education correspondence:

PSI
Attn: MI Application Processing Center
3210 E. Tropicana
Las Vegas, NV 89121
MIInsurance@psiexams.com

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. Attach sheet and payment to the front of your filing.

Continuing Education Provider Name			
Your 4-digit Michigan provider number	Quantity	Amount	Fee Type/Code/Description
<input style="width: 100%;" type="text"/>		\$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
<input style="width: 100%;" type="text"/>	TOTAL AMOUNT DUE		\$
An invoice will be emailed to the provider, follow the instructions for payment.			

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
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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: <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">TOTAL class time</td> <td style="text-align: center;">NET class time</td> </tr> <tr> <td style="text-align: center;">_____ min</td> <td style="text-align: center;">_____ min</td> </tr> </table>	TOTAL class time	NET class time	_____ min	_____ min
TOTAL class time	NET class time					
_____ min	_____ 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.

