

Michigan Post-Secondary School Licensing User Guide

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1.0 Overview

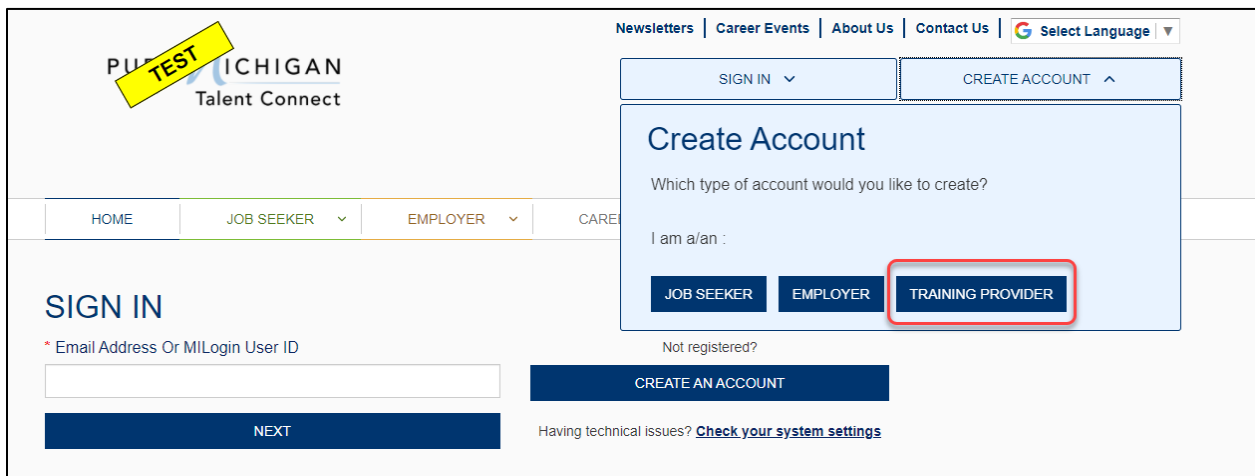
The goal of this application is to provide the Michigan Post-Secondary School Training Provider the ability to apply for a new license or renew an existing license. The Training Provider will access the application through the Pure Michigan Talent Connect (PMTTC) page.

<https://www.mitalent.org>

2.0 Apply for A New Proprietary School License/Create Account

2.1 New License Application

You will apply for a school license and create an account by clicking on the [Create Account](#) button.



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SIGN IN CREATE ACCOUNT

Create Account

Which type of account would you like to create?

I am a/an :

☐ JOB SEEKER ☐ EMPLOYER ☒ TRAINING PROVIDER

Not registered?

CREATE AN ACCOUNT

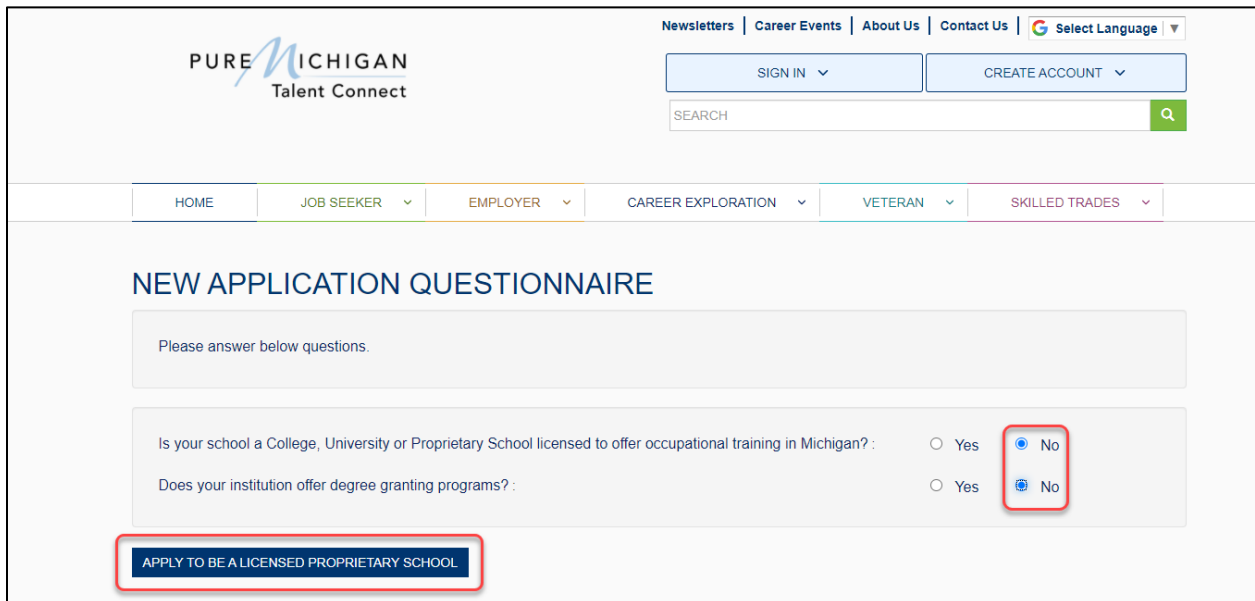
Having technical issues? [Check your system settings](#)

SIGN IN

* Email Address Or MILogin User ID

NEXT

The below questions will be displayed on the page. To apply for a proprietary school license, answer 'No' to both questions and click on the [Apply to Be A Licensed Proprietary School](#) button.



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SIGN IN CREATE ACCOUNT

SEARCH

HOME JOB SEEKER EMPLOYER CAREER EXPLORATION VETERAN SKILLED TRADES

NEW APPLICATION QUESTIONNAIRE

Please answer below questions.

Is your school a College, University or Proprietary School licensed to offer occupational training in Michigan? : ☐ Yes ☒ No

Does your institution offer degree granting programs? : ☐ Yes ☒ No

APPLY TO BE A LICENSED PROPRIETARY SCHOOL

You will see the new license application form displayed. Enter at a minimum the required fields (red asterisk indicates required). If you answer 'Yes' to the question regarding being part of Michigan

Training Connect (MiTC), the institution could be eligible to receive training funds through Michigan Works! agencies if approved for placement on MiTC.

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SIGN IN

CREATE ACCOUNT

SEARCH

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VETERAN

SKILLED TRADES

NEW LICENSE APPLICATION

* School/Institution Name :

Required

* Individual/Legal Entity (owns school) :

Required

* Website :

Enter Website with http:// or https://

* Physical Address 1 :

Required

Physical Address 2 :

Optional

* Physical City :

Required

* Physical County :

--Select One--

* Physical State :

--Select One--

* Physical Zip Code :

Zip - Ext

Mailing Address is same as Physical Address

☐

* Mailing Address 1 :

Required

Mailing Address 2 :

Optional

* Mailing City :

Required

* Mailing County :

--Select One--

* Mailing State :

--Select One--

* Mailing Zip Code :

Zip - Ext

* Upon approval by MiPSS, do you want your programs to be considered for placement on Michigan Training Connect (MiTC)?

☐ Yes ☐ No

* Will you be offering programs in Public Assembly Sites? :

☐ Yes ☐ No

You will need to remember the Primary Contact Email and Password entered on the application as this will be your credentials for logging into the Michigan Post-Secondary School (MiPSS) system upon activating your account.

The form is a registration page for the Michigan Post-Secondary School (MiPSS) system. It contains several fields for user information, with a red rectangular box highlighting the 'Primary Contact Email', 'Password', and 'Confirm Password' fields. Each field is preceded by a red asterisk and a question mark icon, indicating it is a required field. The 'Primary Contact Name' field is split into 'First Name' and 'Last Name' sub-fields. The 'Primary Contact Address 1' field is required, while 'Primary Contact Address 2' is optional. The 'Primary Contact City', 'Primary Contact County', and 'Primary Contact State' fields are required, with the latter two being dropdown menus. The 'Primary Contact Zip Code' field is required and split into 'Zip' and 'Ext' sub-fields. The 'Primary Contact Phone Number' and 'Primary Contact Fax Number' fields are optional.

* Primary Contact Name : ? First Name Last Name

* Primary Contact Title : ? Required

* Primary Contact Email : ? Required

* Password : ? Required

* Confirm Password : ? Required

Primary Contact Address is same as Physical Address ☐

* Primary Contact Address 1 : ? Required

Primary Contact Address 2 : ? Optional

* Primary Contact City : ? Required

* Primary Contact County : ? --Select One--

* Primary Contact State : ? --Select One--

* Primary Contact Zip Code : ? Zip - Ext

Primary Contact Phone Number : ? Optional

Primary Contact Fax Number : ? Optional

You can click on [Save and Continue](#) button after entering required information.

*** LICENSE FEE :** Select appropriate License type.

☐ In-State Accredited Proprietary School (\$1,505)
☐ Out-Of-State Accredited Proprietary School (\$595)
☐ In-State Non-Accredited Proprietary School (\$1,505)
☐ Out-Of-State Non-Accredited Proprietary School (\$595)

SURETY BOND : Pursuant to 395.102b, Sec. 2b, and R390.562a, Rule 2a (3) (a), A proprietary school shall provide the department with evidence of surety conditioned to provide indemnification to a student suffering loss because of the inability to complete an approved course or program of study due to the closing of the proprietary school. A surety shall be provided by the school in an amount determined according to the following:

1. an accredited school shall provide evidence of surety of:

a. not less than \$5,000.00 for 1 to 100 full time equated students,
b. not less than \$7,500.00 for 101 to 500 full time equated students,
c. and not less than \$10,000.00 for 501 to 1,000 full time equated students.

2. a non-accredited school shall provide surety in an amount equal to \$200.00 per student, but not less than \$5,000.00.

*** Bond Number :** ⓘ

*** Coverage Amount :** ⓘ

*** Insurance Company Issuing Bond :** ⓘ

*** Period for Surety Bond :** ⓘ to

UPLOAD DOCUMENT : Schools offering distance education exclusively are not required to submit a fire inspection or certificate of occupancy, a drawing of the instructional facility and may not be required to submit an equipment list, if there is no equipment provided to students. In addition, only schools that are accredited by an accrediting agency recognized by the United States Department of Education must submit proof of accreditation. County health inspections are required for schools that utilize a pool or food preparation as well as for schools that offer programs in tattooing and microblading, and possibly other subjects. Medical Waste Producing Facility Registrations are required for most schools offering phlebotomy, dental assisting, nursing, tattooing and microblading, and possibly other subjects.

At this time, each applicant school is required to upload something for each item listed before they can complete this section of the application. Based on the explanation above, if there is an area that does not apply to your school, please prepare a page for each of those items that states that the school provides distance education or doesn't provide instruction in any program that requires a health inspection or a medical waste producing facility registration and upload that page in lieu of the actual document.

At this time schools may only upload one attachment for the Position Descriptions. If you are submitting more than one position description, save them together as a file and the upload the entire file.

Fire Inspection or Certificate of Occupancy : ⓘ No file chosen

*** Proposed Advertising, including website materials :** ⓘ No file chosen

*** Surety pursuant to MCL 395.102b - if in the form of a Surety Bond it** No file chosen
must be payable to the State of Michigan, in the name of the school, to indemnify students for loss due to the closing of the school, in an amount as provided in rule 2a, R 390.562a. (Must be a minimum of \$5, 000)
: ⓘ

List of equipment supplied by the school : ⓘ No file chosen

Drawing of the Instructional Facility, including size and layout of classrooms and laboratories : ⓘ No file chosen

*** Position description, including job duties, license or certification requirements, minimum education and work experience requirements, for each instructional and administrative position related to each of the programs listed :** ⓘ No file chosen

*** Proof of accreditation, if applicable :** ⓘ No file chosen

Health Inspection, if applicable : ⓘ No file chosen

Medical Waste Producing Facility Registration, if applicable : ⓘ No file chosen

Additional Notes / Comments : ⓘ

Click on **OK** button

*** Position description, including job c** **test-jobs.mitalent.org says** pdf

requirements, minimum education and work s
each instructional and administrative p

Please make sure the data you have entered is appropriate and verified before you continue. Click OK to continue or Cancel to view the data you entered. Thank You!

OK **Cancel**

*** Proof of accreditation, if applicable :** ? **Choose File** attachment sample.pdf

Health Inspection, if applicable : ? **Choose File** No file chosen

Medical Waste Producing Facility Registration, if applicable : ? **Choose File** No file chosen

Additional Notes / Comments : ? Optional

SAVE AND CONTINUE **CANCEL**

You need to enter at least one program and one course. Enter the required information for the program.

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SIGN IN ▼ **CREATE ACCOUNT** ▼

SEARCH **Q**

HOME **JOB SEEKER** ▼ **EMPLOYER** ▼ **CAREER EXPLORATION** ▼ **VETERAN** ▼ **SKILLED TRADES** ▼

ADD PROGRAM

*** CIP General Category :** --Select One-- ▼

*** CIP Detailed Category :** --Select One-- ▼

*** Cip Program :** --Select One-- ▼

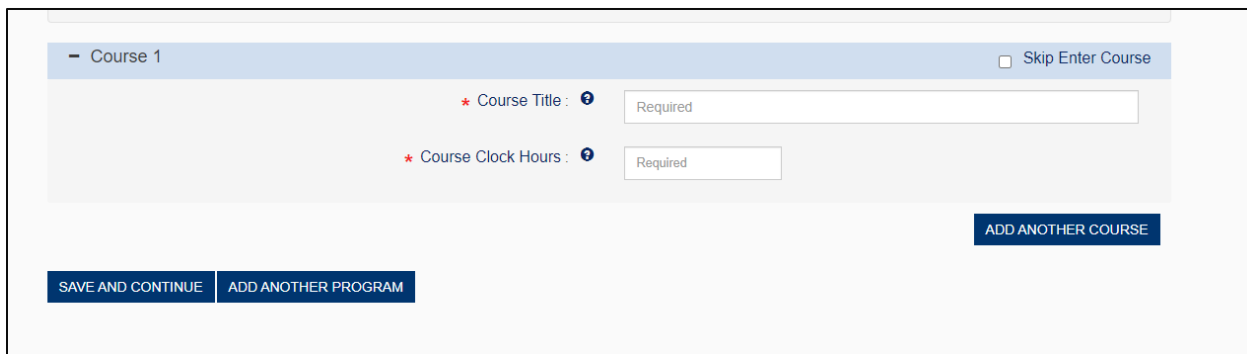
*** Program Title :** ? Required

*** Credential Earned :** ? Certificate of Completion

ADD ANOTHER COURSE

SAVE AND CONTINUE **ADD ANOTHER PROGRAM**

Click on [Add Course to Program](#) button. The below section is displayed.

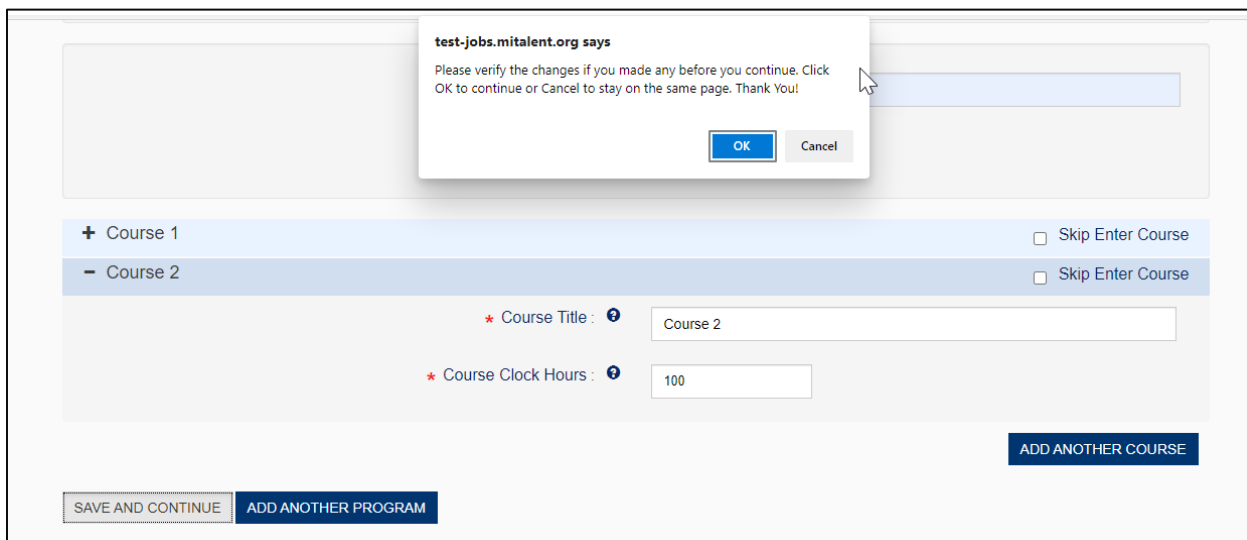


The screenshot shows a form for adding a course to a program. At the top, there is a header bar with a minus sign and the text 'Course 1' on the left, and a checkbox labeled 'Skip Enter Course' on the right. Below this, there are two required fields: 'Course Title' and 'Course Clock Hours', both with a red asterisk and a question mark icon. The 'Course Title' field contains the text 'Required', and the 'Course Clock Hours' field contains the text 'Required'. At the bottom right of the form is a blue button labeled 'ADD ANOTHER COURSE'. At the bottom left are two buttons: 'SAVE AND CONTINUE' and 'ADD ANOTHER PROGRAM'.

To add more than one course to the program, click on the [Add Course to Program](#) button for each course you want to add. The [Skip Enter Course](#) check box is equivalent to deleting a course after clicking on the [Add Course to Program](#) button. There is not a way to remove a course, but you will be able to skip entering the course if you change your mind by checking this box.

NOTE: A minimum of one program and one course is required to apply for a license.

Click on the [Save and Continue](#) button once program/course information is entered. The below pop up is displayed. Click on the [OK](#) button.



The screenshot shows the same form as before, but with two courses listed: 'Course 1' and 'Course 2'. Both have a plus sign on the left and a 'Skip Enter Course' checkbox on the right. The 'Course 2' form is expanded, showing the 'Course Title' field with the text 'Course 2' and the 'Course Clock Hours' field with the text '100'. A confirmation pop-up is displayed in the center of the screen. The pop-up has a title 'test-jobs.mitalent.org says' and a message: 'Please verify the changes if you made any before you continue. Click OK to continue or Cancel to stay on the same page. Thank You!'. There are 'OK' and 'Cancel' buttons at the bottom of the pop-up. At the bottom of the form, there are buttons for 'SAVE AND CONTINUE' and 'ADD ANOTHER PROGRAM', and a blue button for 'ADD ANOTHER COURSE'.

You will see the Assurance page displayed. Check the box for required assurances and enter signature.

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SIGN IN ▼

CREATE ACCOUNT ▼

SEARCH 

HOME

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VETERAN ▼

SKILLED TRADES ▼

ASSURANCES

ASSURANCES : On behalf of my educational institution, I hereby attest to the following:

- ☐ *** I certify that the statements in this document are true and completed.** I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.
- ☐ **Programs including Clinicals, Internships or Externships** - the program(s) listed has less than 50% of the program hours dedicated to clinicals, internships or externships. I am aware I must provide the information on who arranges and who supervises the clinical, internship or externship, as well as where it will be held and whether it is paid or unpaid. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.
- ☐ **Programs Requiring Additional Inspections** - all additional required inspections and registrations have been obtained. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.
- ☐ **Emergency Medical Services Program (Paramedics, EMT, First Responders)** - the program(s) listed has the joint approval required from the Michigan Department of Health and Human Services. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.
- ☐ **Nurse Aide or Nursing Programs** - the curriculum for the program(s) listed has the joint approval from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.
- ☐ **Real Estate, Appraisal and Builders Programs** - the curriculum for the program(s) listed has the joint approval required from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.
- ☐ **Massage Therapy Program** - the massage therapy curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Massage Therapy and meets the requirements of the rules (R 338.722). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Print your Name

Signature

04/27/2021

Signature Date

SAVE AND CONTINUE

Version 1.0 4/28/2021

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Click on the [Save and Continue](#) button. The below popup is displayed. Click on the [OK](#) button.

☐ **Nurse Aide or Nursing Program** - the nursing curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Nursing and meets the requirements of the rules (R 338.722). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

☐ **Real Estate, Appraisal and Insurance** - the real estate, appraisal and insurance curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Real Estate, Appraisal and Insurance and meets the requirements of the rules (R 338.722). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

☐ **Massage Therapy Program** - the massage therapy curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Massage Therapy and meets the requirements of the rules (R 338.722). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

teresa collins

Signature

04/27/2021

Signature Date

test-jobs.mitalent.org says

Please verify the Name in the Signature before you continue. Click OK to continue or Cancel to view the data you entered. Thank You!

OKCancel

approval from the Michigan Department of Professional Licensing and Regulatory Affairs is required. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

I have the joint approval required from the Michigan Department of Professional Licensing and Regulatory Affairs. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

SAVE AND CONTINUE

2.2 Payment

The Payment page is displayed. Review information and click on [Complete Payment](#) button.

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SIGN INCREATE ACCOUNT

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SKILLED TRADES

MAKE PAYMENT

PAYMENT : Complete license fee payment and submit license application for approval.

School Name :	test school 23
School Location :	Lansing, MI
License Type :	In-State Non-Accredited Proprietary School
License Number :	8604001408
License Fee :	\$1,505.00
Late Fee :	NA
Total Amount Payable :	\$1,505.00
Payment Status :	Pending

COMPLETE PAYMENT

You will be directed to our payment website for payment method. Click on the [Next](#) button to continue. The [Back](#) or [Exit](#) button will take you back to the previous page.

LEO Department of Labor and Economic Opportunity

Michigan.gov




Payment Method

LEO Postsecondary Payment Request

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay using a MasterCard, Visa, or Discover credit/debit card. Please allow 3-10 business days for your payment to be recorded as paid.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please email LEO-PSS@michigan.gov.

* Indicates required field

Choose method of payment
☒ Pay by credit card
  
[Back](#) [Next](#) [Exit](#)

[FOIA](#)
[Michigan.gov Home](#) [ADA](#) [Michigan News](#) [Policies](#)

The Payment Information page will be displayed.

LEO Department of Labor and Economic Opportunity

Michigan.gov

Payment Information

LEO Postsecondary Payment Request

To continue the payment process, click the "Next" button in the box below.

If you entered a valid email address, the confirmation email will be received from noreply@fiserv.com

* Indicates required field


Billing Address
☐ Use Business Name
*First Name:
M.I.:
*Last Name:
*Street Line 1:
Street Line 2:
*City:
*State:
*Zip:
*Country:
*Phone:
*E-Mail:

Payment Details
*Payment Amount: 1505.00 USD


Payment Method
*Name on Card:
*Card Number:
*Expiration Date: * Month
* Year
*Card Verification Value(CVV2): [What's This?](#)
[Back](#) [Next](#) [Exit](#)

Enter the required payment information and click on the [Next](#) button. The [Back](#) button will take you back to the Payment Method page. The [Exit](#) button will take you to the Make Payment page.

The Payment Review page will be displayed. Click on the [Pay Now](#) button to submit your payment. The [Back](#) button will take you back to the Payment Information page. The [Exit](#) button will take you to the Make Payment page.



Department of Labor and
Economic Opportunity



Payment Review


LEO Postsecondary Payment Request

To confirm your payment information, click on "Pay Now" in the box below.

Address

Billing Address:
Teresa Collins
201 N. Washington
Lansing, MI 48204
(248) 220-1000
collinst7@michigan.gov

Payment Method

Credit Card 
teresa collins
x5550 07/24


Payment Amount

Amount: 1505.00 USD
Total: 1505.00 USD

[Back](#) [Pay Now](#) [Exit](#)

2.2.1 Successful Payment

If Payment is successful, the below message and page will be displayed. An email notification will be sent to the primary email address that was entered on the application informing you of your successful submission of the application. In addition, an email will be sent to the email address entered on the payment information page notifying you of payment confirmation.



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SIGN IN

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SKILLED TRADES

Congratulations in successfully completing your application! Please allow 10 business days for our team to review your application. You will receive an email notice announcing a) your application has been approved, along with where to access and print your new permit, or b) additional information or documentation is required in order for us to grant approval. Should you have any immediate questions, please contact us at pss@michigan.gov.

School Name :

test school 23

School Location :

Lansing, MI

License Type :

In-State Non-Accredited Proprietary School

License Number :

8604001408

License Fee :

\$1,505.00

Late Fee :

NA

Total Amount Payable :

\$1,505.00

Payment Status :

Success

Paid Amount :

1505.00

Payment Card Type :

VISA

Confirmation Number :

21042713796205

Authorization Code :

TAS363

Transaction Information :

NA

Payment Date :

4/27/2021 12:00:00 AM

[RETURN TO HOME](#)

2.2.2 Unsuccessful Payment

If payment is unsuccessful, the Payment Status will be Pending with a corresponding message with the steps that need to be taken to resolve the payment. In the below scenario, you would need to try the payment again due to an address verification issue. You would click on the [Complete Payment](#) button and try again.

MAKE PAYMENT

Payment not complete. Try again.

PAYMENT : Complete license fee payment and submit license application for approval.

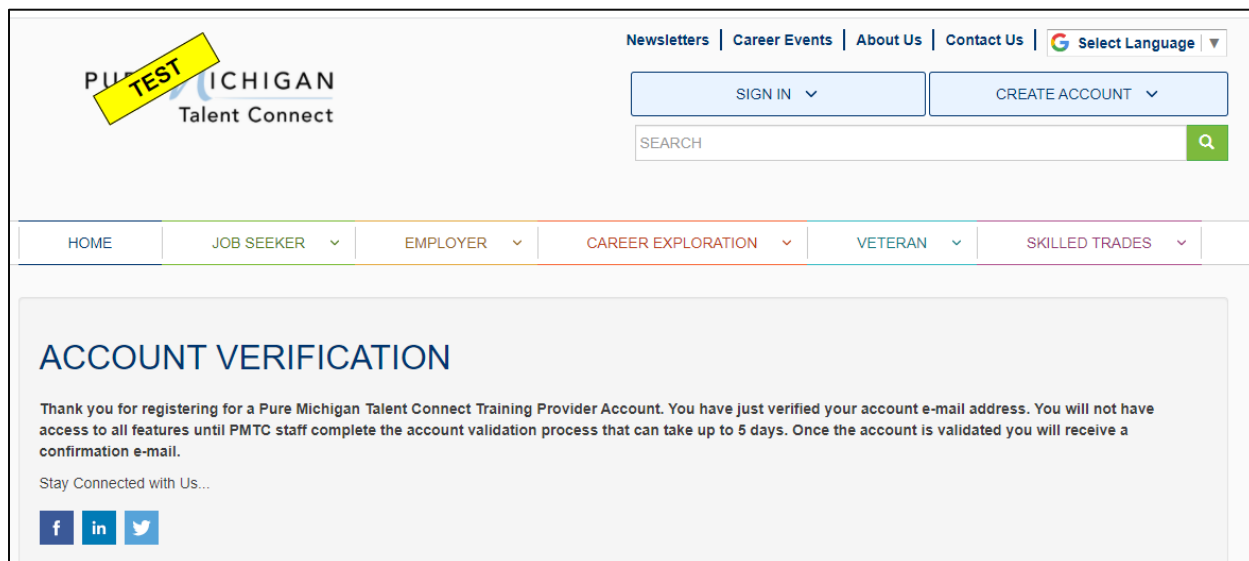
School Name :	Test school 19
School Location :	Lansing, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000159
License Fee :	\$1,505.00
Late Fee :	NA
Total Amount Payable :	\$1,505.00
Payment Status :	Pending
Payment Response :	"Address verification failed."

COMPLETE PAYMENT

2.3 Account Activation/License Approval

2.3.1 Account Activation

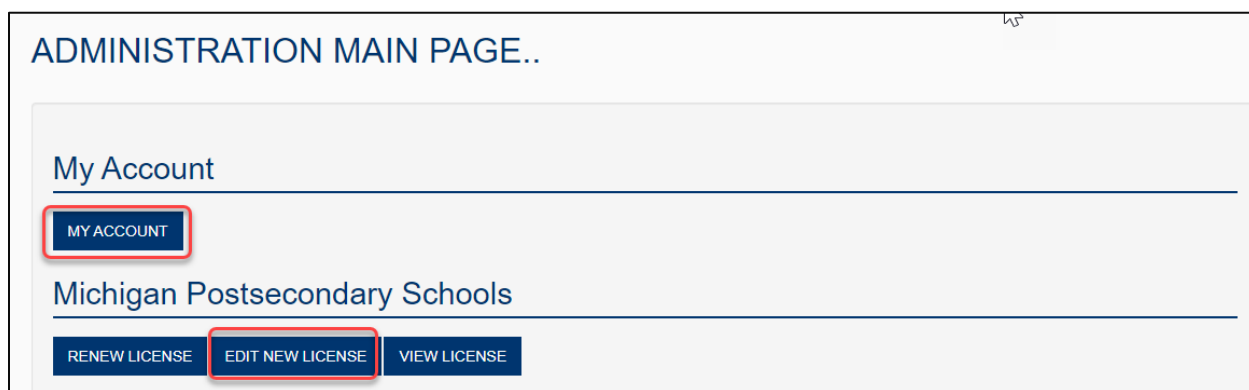
Once you have submitted the application for your school license, you will receive an email to activate your account. Check your inbox for the email address that you entered on the application. Click on the link in the body of the email to activate your account. You will be directed to the Training Provider sign in page and the account verification message will be displayed.



The screenshot shows the Pure Michigan Talent Connect website. At the top, there is a navigation bar with links for Newsletters, Career Events, About Us, and Contact Us, along with a language selection dropdown. Below this is a search bar and buttons for SIGN IN and CREATE ACCOUNT. A yellow 'TEST' sticker is placed over the Pure Michigan Talent Connect logo. The main navigation menu includes HOME, JOB SEEKER, EMPLOYER, CAREER EXPLORATION, VETERAN, and SKILLED TRADES. The central content area is titled 'ACCOUNT VERIFICATION' and contains a message: 'Thank you for registering for a Pure Michigan Talent Connect Training Provider Account. You have just verified your account e-mail address. You will not have access to all features until PMTC staff complete the account validation process that can take up to 5 days. Once the account is validated you will receive a confirmation e-mail.' Below this message are social media links for Facebook, LinkedIn, and Twitter.

You will be able to sign in to the MiPSS system with your credentials upon activating your account, but you will have limited access to the system until your license has been approved. Upon activation, you can access your account and edit your license information.

To log in to your account, execute the below URL and enter the primary email address and password that you entered on your application. <https://www.mitalent.org/>



The screenshot shows the ADMINISTRATION MAIN PAGE. The 'My Account' section is highlighted with a red box and contains a button labeled 'MY ACCOUNT'. Below this, the 'Michigan Postsecondary Schools' section is shown, which includes three buttons: 'RENEW LICENSE', 'EDIT NEW LICENSE' (highlighted with a red box), and 'VIEW LICENSE'.

2.3.2 License Approval

Upon submitting your school license application, the PSS staff will validate your license for approval.

Request Additional Information

If more information is needed prior to approving your license, you will receive an email sent to your primary contact email address stating what additional information is needed prior to your license being approved.

You will need to sign into your account and click on the [Edit New License](#) button. You will see your license listed on the page. Click on the School Name to edit your license.

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SIGN OUT HELLO JANE

SEARCH

HOME JOB SEEKER ▼ EMPLOYER ▼ CAREER EXPLORATION ▼ VETERAN ▼ SKILLED TRADES ▼

⚙️

UPDATE LICENSES : 1 LICENSES

Select Status : All Status ▼

RETURN TO ADMIN HOME 1 Show 10 Records ▼

* Click on Header for sorting

LICENSE NUMBER	SCHOOL NAME ▲	LICENSE TYPE	CITY	LAST ACTION DATE	APPROVAL STATUS
8601000161	Test School	In-State Accredited Proprietary School	Lansing	4/27/2021 10:15:14 PM	Additional information needed by PSS staff - revise and resubmit

RETURN TO ADMIN HOME 1 Show 10 Records ▼

Follow the instructions in the email that you received or read the message at the top of the page.

EDIT LICENSE APPLICATION

Incomplete Notice Description :

- Your application states that your school is an accredited school. Unless you can provide evidence of the school being accredited by an accrediting agency recognized by the United States Department of Education, you will have to revise your application to list the school as a non-accredited school.

★ School/Institution Name :

★ Individual/Legal Entity (owns school) :

★ Website :

★ Physical Address 1 :

Physical Address 2 :

★ Physical City :

★ Physical County : Ingham County ▼

★ Physical State : Michigan ▼

★ Physical Zip Code : -

Mailing Address is same as Physical Address ☐

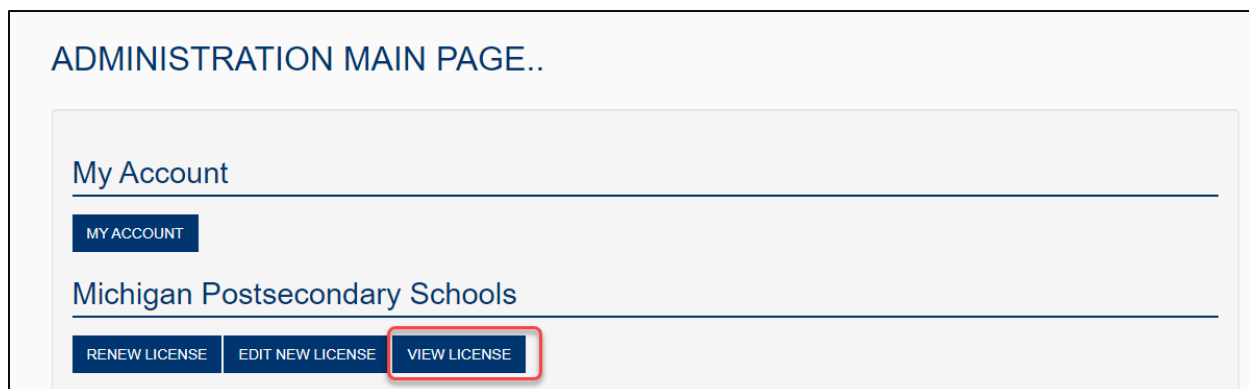
Click on the [Save and Continue](#) button and the PSS staff will validate your license for approval.

A screenshot of a web form. At the top, it says 'Additional Notes / Comments : ' followed by a small icon and a text input field containing the word 'Optional'. Below this, there are two buttons: 'SAVE AND CONTINUE' and 'CANCEL'. The 'SAVE AND CONTINUE' button is highlighted with a red rectangular border.

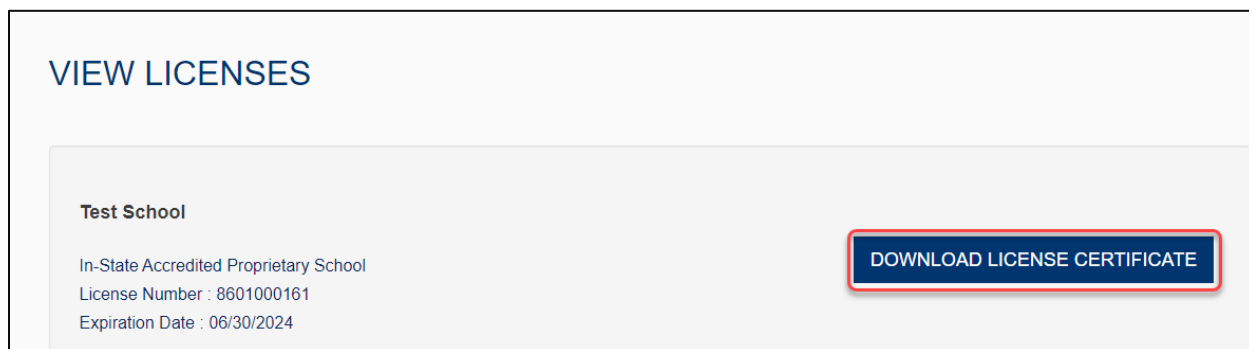
Approved

If your license is approved, you will receive an email sent to your primary contact email address stating that the license you submitted is approved.

You will be able to sign into your account and click on the [View License](#) button to view and download your license.

A screenshot of the 'ADMINISTRATION MAIN PAGE..'. Under the 'My Account' heading, there is a 'MY ACCOUNT' button. Below that, under the 'Michigan Postsecondary Schools' heading, there are three buttons: 'RENEW LICENSE', 'EDIT NEW LICENSE', and 'VIEW LICENSE'. The 'VIEW LICENSE' button is highlighted with a red rectangular border.

The View License page is displayed. Click on the [Download License Certificate](#) button to view/print your school license.

A screenshot of the 'VIEW LICENSES' page. It shows details for a 'Test School', which is an 'In-State Accredited Proprietary School'. The license number is '8601000161' and the expiration date is '06/30/2024'. To the right of this information is a button labeled 'DOWNLOAD LICENSE CERTIFICATE', which is highlighted with a red rectangular border.

You will also have access to the [Renew License](#) feature on the menu. See the Renew License section of the user guide for instructions on renewing your license.

If you answered 'Yes' to the question regarding being part of Michigan Training Connect (MiTC), you will see an additional section when you sign into your account that is for MiTC access.

ADMINISTRATION MAIN PAGE..

My Account

MY ACCOUNT

Michigan Postsecondary Schools

RENEW LICENSE EDIT NEW LICENSE VIEW LICENSE

MiTC

UPDATE PROVIDER ADD NEW PROGRAM MODIFY PROGRAMS ADD INDIVIDUAL STUDENT EXITS BULK UPLOAD STUDENT EXITS

EDIT NEW PROVIDER

Communication

PROVIDER USER GUIDE REGISTERED APPRENTICESHIP SPONSOR USER GUIDE

3.0 Renew License

3.1 Renew Application

To renew your license, you will need to sign into the MiPSS system and click on the [Renew License](#) button. Your license will be listed on the page 90 days prior to the license expiration date.

PURE MICHIGAN
Talent Connect

Newsletters | Career Events | About Us | Contact Us |

SIGN OUT HELLO JANE

SEARCH

HOME JOB SEEKER EMPLOYER CAREER EXPLORATION VETERAN SKILLED TRADES

ADMINISTRATION MAIN PAGE..

My Account

MY ACCOUNT

Michigan Postsecondary Schools

RENEW LICENSE EDIT NEW LICENSE VIEW LICENSE

If your license is within the renewal window, click on the School Name to edit your license. Select the renewal fee and edit the bond information, as necessary.

RENEWAL FEE : Pursuant to R 390.569, the renewal fees are based on the number of student starts during the period of Jul 01, 2021 to Jun 30, 2022. Calculate the school's renewal fee by selecting the box that represents your school's starts.

<input type="radio"/> 25 or fewer students (\$455)	<input type="radio"/> 26 to 50 students (\$755)
<input type="radio"/> 51 to 100 students (\$890)	<input type="radio"/> 101 to 150 students (\$1,045)
<input type="radio"/> 151 to 200 students (\$1,180)	<input type="radio"/> 201 to 250 students (\$1,350)
<input type="radio"/> 251 to 300 students (\$1,505)	<input type="radio"/> 301 to 350 students (\$1,635)
<input type="radio"/> 351 to 400 students (\$1,785)	<input type="radio"/> 401 to 450 students (\$1,940)
<input type="radio"/> 451 to 500 students (\$2,085)	<input type="radio"/> 500 + students (\$2,200)

SURETY BOND : Pursuant to R390.562a (3) (a), an accredited school shall provide evidence of surety of not less than the amounts listed below. You must attach a current surety bond, rider, or continuation certificate (1 year, 3 year, or continuous). The amount is based on the number of students who attended your school between Jul 01, 2020 and Jun 30, 2021.

☐ 1-100 full-time equated students (\$5,000)
☐ 101-500 full-time equated students (\$7,500)
☐ 501-1,000 + full-time equated students (\$10,000)

* Bond Number :

* Coverage Amount :

* Insurance Company Issuing Bond :

* Period for Surety Bond : to

Upload your documents and check the assurance boxes. Click on the [Renew License](#) button.

UPLOAD DOCUMENT : Schools offering distance education exclusively are not required to submit a fire inspection or certificate of occupancy, a drawing of the instructional facility and may not be required to submit an equipment list, if there is no equipment provided to students. In addition, only schools that are accredited by an accrediting agency recognized by the United States Department of Education must submit proof of accreditation. County health inspections are required for schools that utilize a pool or food preparation as well as for schools that offer programs in tattooing and microblading, and possibly other subjects. Medical Waste Producing Facility Registrations are required for most schools offering phlebotomy, dental assisting, nursing, tattooing and microblading, and possibly other subjects.

At this time, each applicant school is required to upload something for each item listed before they can complete this section of the application. Based on the explanation above, if there is an area that does not apply to your school, please prepare a page for each of those items that states that the school provides distance education or doesn't provide instruction in any program that requires a health inspection or a medical waste producing facility registration and upload that page in lieu of the actual document.

At this time schools may only upload one attachment for the Position Descriptions. If you are submitting more than one position description, save them together as a file and the upload the entire file.

★ Surety pursuant to MCL 395.102b - if in the form of a Surety Bond it

Choose File

No file chosen

must be payable to the State of Michigan, in the name of the school, to indemnify students for loss due to the closing of the school, in an amount as provided in rule 2a, R 390.562a. (Must be a minimum of \$5, 000)

:

?

★ Proof of accreditation, if applicable :

?

Choose File

No file chosen

Additional Notes / Comments :

?

Optional

ASSURANCES : On behalf of my educational institution, I hereby attest to the following:

☐

★ I certify that the statements in this document are true and completed. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

☐

★ I hereby request renewal of my proprietary school license. I understand that I must abide by Public Act 148 of 1943 and its rules, and failure to do so may result in license revocation and/or criminal prosecution.

☐

★ I am aware that I must inform the Proprietary School Unit before my school changes location, before adding programs or personnel, or before the school closes. In the event of school closure, I am aware that I must surrender the student transcripts immediately to the State of Michigan.

☐

★ I certify that all personnel meet the requirements under Public Act 148 of 1943 and its rules and all personnel credentials will be retained by the school and available for inspection.

☐

★ I agree not to advertise in any way that may be construed as false or misleading and that only approved program offerings appear in advertising; this includes all publications such as, but not limited to, traditional advertising, catalogs, websites and social media. All advertising will be retained by the school and available for inspection.

☐

★ I understand that according to Public Act 148, R 390.565, Rule 5; a catalog or comparable publication shall be available to each student. I certify that the catalog or comparable publication provided to students is true and correct as to all conditions of attendance. I am aware that this catalog is subject to inspection for compliance with the requirements of Public Act 148 and its rules. Failure to adhere to these requirements can result in license revocation.

☐

★ I understand that only Department approved programs may be offered by the school.

Print your Name

Signature

04/27/2021

Signature Date

RENEW LICENSE

CANCEL

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The below popup window is displayed. Click on the [OK](#) button to continue.

test-jobs.mitalent.org says

Please make sure the data you have entered is appropriate and verified before you continue. Click OK to continue or Cancel to view the data you entered. Thank You!

3.2 Payment

The Payment page is displayed. Review information and click on [Complete Payment](#) button.

MAKE PAYMENT


PAYMENT : Complete license fee payment and submit license application for approval.

School Name :	Specs Howard School of Media Arts
School Location :	Southfield, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000006
License Fee :	\$1,180.00
Late Fee :	NA
Total Amount Payable :	\$1,180.00
Payment Status :	Pending

COMPLETE PAYMENT

You will be directed to our payment website for payment method. Select your method of payment and click on the [Next](#) button to continue. The [Back](#) or [Exit](#) button will take you back to the previous page.

LEO Department of Labor and
Economic Opportunity



Payment Method

LEO Postsecondary Renewals Payment Request

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay using an electronic check or a MasterCard, Visa, or Discover credit/debit card. Please allow 3-10 business days for your payment to be recorded as paid.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please email LEO-PSS@michigan.gov.




* Indicates required field

Choose method of payment

☐ Pay by electronic check

* Account Type:

☐ Pay by credit card



Important Information Regarding Debit Blocks
Some financial institutions offer a service referred to as "Debit Blocking" or "Debit Filtering" to their business account owners to prevent unauthorized debits (withdrawals) posting to their accounts. If an account has a debit block or filter, any unauthorized debit transaction will be returned unpaid. Most financial institutions offer the option of authorizing certain debits by providing specific information about the transactions to be authorized.

If you have a Debit Block or Filtering service on your account you must access your Debit Block or Filtering settings or contact your financial institution and have the ACH transactions identified with the Company ID **9044030366** authorized to debit your account. Failure to make these arrangements will result in your payment being returned unpaid.


International ACH Transactions (IAT)
Payments processed through this website are intended only for domestic ACH payments not associated with a foreign bank account, which would classify it as an International ACH Transaction (IAT). If your domestic bank account is funded or otherwise associated with a foreign bank account you must pay via an alternate payment

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The Payment Information page will be displayed.

LEO Department of Labor and Economic Opportunity



Payment Information

LEO Postsecondary Renewals Payment Request

Billing Address information is not required; please scroll down to the Payment Method Section to enter your credit card information.

To continue the payment process, click the "Next" button in the box below.

If you entered a valid email address, the confirmation email will be received from noreply@fiserv.com

* Indicates required field

Billing Address

☐ Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

Select State

*Zip:

*Country:

UNITED STATES

*Phone:

*E-Mail:

Payment Details

*Payment Amount: 1180.00 USD

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 9:59 PM ET will be executed on the next valid banking day.

Payment Method

*Name On Account:

*Account Number:

What's This?

*Re-Type Account Number:

*Routing Number:

What's This?

*Account Type:

☒ Checking ☐ Savings


Back

Next

Exit

Enter the required payment information and click on the [Next](#) button. The [Back](#) button will take you back to the Payment Method page. The [Exit](#) button will take you to the Make Payment page.

The Payment Review page will be displayed. Click on the [Pay Now](#) button to submit your payment. The [Back](#) button will take you back to the Payment Information page. The [Exit](#) button will take you to the Make Payment page.

LEO Department of Labor and Economic Opportunity										
Payment Review										
LEO Postsecondary Renewals Payment Request										
To confirm your payment information, click on "Pay Now" in the box below.										
<table border="1"><tr><td>Address</td></tr><tr><td>Billing Address: Jane Doe 201 N washington lansing, MI 85284 (517) 222-1111 collinst7@michigan.gov</td></tr><tr><td>Payment Method</td></tr><tr><td>Electronic Check Checking x4433 272479663</td></tr><tr><td>Payment Amount</td></tr><tr><td>Amount: 1180.00 USD</td></tr><tr><td>Total: 1180.00 USD</td></tr><tr><td>Today, being 4/27/2021, by entering my routing and account number above and clicking "Pay Now," I authorize my payment in the amount indicated above to be processed as an electronic funds transfer (EFT) or draft drawn from my checking or savings account as indicated above and, if necessary, to have my account electronically credited to correct erroneous debits. I understand that my payment will be processed within 1-3 banking days. I understand that this authorization will remain in full force and effect until I notify you that I wish to revoke it and allow you reasonable opportunity to act on my notice. PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.</td></tr><tr><td>Back Pay Now Exit</td></tr></table>		Address	Billing Address: Jane Doe 201 N washington lansing, MI 85284 (517) 222-1111 collinst7@michigan.gov	Payment Method	Electronic Check Checking x4433 272479663	Payment Amount	Amount: 1180.00 USD	Total: 1180.00 USD	Today, being 4/27/2021, by entering my routing and account number above and clicking "Pay Now," I authorize my payment in the amount indicated above to be processed as an electronic funds transfer (EFT) or draft drawn from my checking or savings account as indicated above and, if necessary, to have my account electronically credited to correct erroneous debits. I understand that my payment will be processed within 1-3 banking days. I understand that this authorization will remain in full force and effect until I notify you that I wish to revoke it and allow you reasonable opportunity to act on my notice. PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.	Back Pay Now Exit
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Back Pay Now Exit										

3.2.1 Successful Payment

If Payment is successful, the below message and page will be displayed. An email notification will be sent to the primary email address that was entered on the application informing you of your successful submission of the application. In addition, an email will be sent to the email address entered on the payment information page notifying you of payment confirmation.

Congratulations in successfully completing your application! Please allow 10 business days for our team to review your application. You will receive an email notice announcing a) your application has been approved, along with where to access and print your new permit, or b) additional information or documentation is required in order for us to grant approval. Should you have any immediate questions, please contact us at pss@michigan.gov.

School Name :	Specs Howard School of Media Arts
School Location :	Southfield, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000006
License Fee :	\$1,180.00
Late Fee :	NA
Total Amount Payable :	\$1,180.00
Payment Status :	Success
Paid Amount :	1.00
Payment Card Type :	NA
Confirmation Number :	21042713797187
Authorization Code :	1234
Transaction Information :	NA
Payment Date :	4/28/2021 12:00:00 AM

[RETURN TO RENEWALS](#)

3.2.2 Unsuccessful Payment

If payment is unsuccessful, the Payment Status will be Pending with a corresponding message with the steps that need to be taken to resolve the payment. In the below scenario, you would need to try the payment again due to an address verification issue. You would click on the [Complete Payment](#) button and try again.

MAKE PAYMENT

Payment not complete. Try again.

PAYMENT : Complete license fee payment and submit license application for approval.

School Name :	Test school 19
School Location :	Lansing, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000159
License Fee :	\$1,505.00
Late Fee :	NA
Total Amount Payable :	\$1,505.00
Payment Status :	Pending
Payment Response :	"Address verification failed."

COMPLETE PAYMENT

3.2.3 Renewal Approval

Upon submitting your license renewal, the PSS staff will validate your renewal license for approval.

See approval process for New License as Renewal Approval follows the same process.

If additional information is required by the PSS staff, you will click on the [Renew License](#) button to submit additional information.