

## **INSTRUCTOR CONDITIONAL CERTIFICATION**

Michigan Department of State DES-N02 11/2019

Michigan Department of State ● Driver Education Section ● 430 W. Allegan St. ● Lansing, MI 48918

## **INSTRUCTIONS**

The applicant (Student) is responsible to ensure all applicable items are completed by the IPP Agency, IPP Course Lead Instructor, Cooperating Driver Education Provider, and the Cooperating Driver Education Classroom and Behind-the-Wheel (BTW) Instructor. Once completed, you MUST verify all information for accuracy before signing and submitting to this department.

PART A – IPP COURSE COMPLETION					
	contained with	in PART A is true and	imited to, the Driver Education Provider and that the student named in PART C success		
1A – Course One - Driver Task Analysis	Start Date	End Date	Total Hours	Printed Name of IPP	Agency
Printed Name of IPP Agency Owner			Signature of IPP Agency Owner		Date Signed
Printed Name of Lead IPP Instructor		Instructor Certificate #	Signature of Lead IPP Instructor		Date Signed
2A – Course Two - Developing Classroom & Program Knowledge	Start Date	End Date	Total Hours	Printed Name of IPP	Agency
Printed Name of IPP Agency Owner			Signature of IPP Agency Owner		Date Signed
Printed Name of Lead IPP Instructor		Instructor Certificate #	Signature of Lead IPP Instructor		Date Signed
3A – Course Three - Developing Vehicle Operation Skills	Start Date	End Date	Total Hours	Printed Name of IPP	Agency
Printed Name of IPP Agency Owner			Signature of IPP Agency Owner		Date Signed
Printed Name of Lead IPP Instructor		Instructor Certificate #	Signature of Lead IPP Instructor		Date Signed
PART B – PROJECTED PRA	CTICUM COUF	:SE			
	tion contained v	ithin PART B is true a	mited to, the Driver Education Provider and and that the student named in PART C will be		
1B – Course Four - Practicum		ate Projected End Date	e Total Hours	Printed Name of IPP A	Agency
Printed Name of IPP Agency Owner			Signature of IPP Agency Owner		Date Signed
Printed Name of Lead IPP Instructor		Instructor Certificate #	Signature of Lead IPP Instructor		Date Signed
2B - Cooperating Provider	Name of Coopera	ting Provider			Provider Certificate #
Printed Name of Cooperating Provide	's Authorized Offic	al	Signature of Cooperating Provider's Authorized Of	ficial	Date Signed
3B – Cooperating Instructor	•	– May select both.	Classroom	Instructor Certificate #	
Printed Name of Cooperating Instructor	or		Signature of Cooperating Instructor		Date Signed
4B – Cooperating Instructor	Instruction Type(s)	– May select both.	☐ Classroom ☐ Behind-the-Wheel	Instructor Certificate #	
Printed Name of Cooperating Instructor	Dr		Signature of Cooperating Instructor		Date Signed
PART C – IPP STUDENT'S CERTIFICATION					
With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I hereby certify that the statements and information contained in this application are true to the best of my knowledge and belief.					
Printed Name of IPP Student			Signature of IPP Student	,	Date Signed