



# INSTRUCTOR CONDITIONAL TO ORIGINAL CERTIFICATION

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

APPLICATION 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 STUDENT’S INFORMATION			
Printed Name of Student	Instructor #	Conditional Approval Date	Expiration Date
PART B – PRACTICUM COURSE			
With knowledge of the penalties for false statements under, but not limited to, the Driver Education Provider and Instructor Act (PA 384 of 2006) [MCL 256.689], we each certify that the information contained within PART B is true and that the student named in PART A has completed the IPP Practicum Course in accordance with Section 23 [MCL 256.643] of Public Act 384 of 2006, with the IPP Agency, IPP Course Lead Instructor, Cooperating Driver Education Provider, and the Classroom and BTW Instructors named below.			
<b>1B – Course Four - Practicum</b>	Start Date	End Date	Total Hours <span style="float: right;">Printed Name of IPP Agency</span>
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
<b>2B – Cooperating Provider</b>	Name of Cooperating Provider		Provider Certificate # <b>P</b>
Printed Name of Cooperating Provider’s Authorized Official	Signature of Cooperating Provider’s Authorized Official		Date Signed
<b>3B – Cooperating Instructor</b>	Instruction Type(s) – May select both. <input type="checkbox"/> Classroom <input type="checkbox"/> Behind-the-Wheel		Instructor Certificate #
Printed Name of Cooperating Instructor	Signature of Cooperating Instructor		Date Signed
<b>4B – Cooperating Instructor</b>	Instruction Type(s) – May select both. <input type="checkbox"/> Classroom <input type="checkbox"/> Behind-the-Wheel		Instructor Certificate #
Printed Name of Cooperating Instructor	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 (PA 384 of 2006) [MCL 256.689], I certify that the information contained within this application is true and that I have completed the IPP Practicum Course in accordance with Section 23 [MCL 256.643] of Public Act 384 of 2006, with the IPP Agency, IPP Course Lead Instructor, Cooperating Driver Education Provider, and the Classroom and BTW Instructors named above.			
Printed Name of IPP Student	Signature of IPP Student		Date Signed