

Application for Insurance Education Instructor Approval

Instructor Information *Required Fields

*Social Security Number	National Producer Number – if applicable		MI Instructor ID Number – if assigned by DIFS		
*Last Name	Suffix	*First Name	Middle Name	*Date of Birth	
*Mailing Address Line One			Mailing Address Line Two		
*City	*State	*ZIP Code	*Business Phone Number	Ext.	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

If you have ever been licensed under another name, enter that information below

Last Name	Suffix	First Name	Middle Name
-----------	--------	------------	-------------

*Business Email Address	Fax Number
Personal Email Address	Cell Phone Number
Website, if applicable	

Type of Approval Requested – Please note you may select both PE and CE

<input type="checkbox"/> Pre-Licensing Education (PE)	<input type="checkbox"/> Continuing Education (CE)
<input type="checkbox"/> Life <input type="checkbox"/> Accident & Health <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Personal Lines	CE Instructor approval applies to all lines of authority. If requesting CE Instructor only, skip to Background Questions.

Only PE Instructor Credential Questions (Skip if only requesting CE Instructor approval)

Do you have at least 3 years of experience in the line of insurance which is to be taught? If "yes" attach a summary of your experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least 3 years of teaching experience? If "yes" attach a summary of your experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "no" to the questions above, do you have at least 3 years of experience in insurance and teaching combined? If "yes" attach a summary of your experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: DIFS approval is required **prior** to any PE instructor scheduling or taking a Michigan Insurance examination. Contact DIFS for examination approval at DIFS-Licensing@michigan.gov. If you are approved as a PE Instructor, DIFS will provide your information to the Michigan examination vendor.

Background Questions

1. Have you ever been convicted* of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? (*see page 3 for explanation) Yes
 No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

2. Have you ever been convicted* of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? (*see page 3 for explanation) Yes
 No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

NOTE: If you answer "yes" to Questions 1 or 2, you must attach to this application:

- a written statement identifying the circumstances of each incident,
- a copy of the charging document, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Have you ever been named or involved** as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? (**see page 3 for explanation) Yes
 No

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes
 No

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- a copy of the official documents which demonstrate the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes
 No

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving instructor approval, and
- copies of all relevant documents.

Notes for Background Questions:

- * "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or no lo contendere or no contest, or having been given probation, a suspended sentence, or a fine.
- ** "Involved" means having a license or approval censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

Certification

By my signature below, 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, probation, suspension, or revocation of instructor approval.

Attestation for PE Instructors

By checking this box and signing below, I attest and understand that if I am approved as a PE instructor, DIFS will provide my instructor information to the testing vendor, and I must obtain DIFS authorization before scheduling or taking any Michigan Insurance Licensing examinations.

Signature	Date	Signer's Name (type or print clearly)
-----------	------	---------------------------------------

Submit completed FIS 2327 Application for Insurance Education Instructor Approval form and required documentation as indicated below.

By US Mail to: **DIFS Insurance Licensing, P.O. Box 30220, Lansing, MI 48909-7720**

Or as an email attachment to DIFS-Licensing@michigan.gov

Authority: 2017 PA 67. Completion is required to be considered for approval to instruct insurance pre-licensing or continuing education courses to meet Michigan's insurance education instructor approval requirements. Failure to properly complete this form, or providing false, inaccurate or incomplete information may result in denial, probation, suspension, or revocation of instructor approval in Michigan, and any other applicable civil or criminal penalties.



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