



Certified Insurance Industry Professional Designation

Revised 8/2017

CERTIFIED INSURANCE INDUSTRY PROFESSIONAL APPLICATION

Earning the Certified Insurance Industry Professional (CIIP) designation with IAIP indicates that you are dedicated to increasing your knowledge and achieving career growth. This application is the final step toward earning the designation.

Submission Requirements:

- Completion of all qualifying professional development activities and requirements at the time the application is submitted. An incomplete application can cause denial of application.
- Typed applications will only be accepted. Handwritten application will be returned.
- Provide documentation of eligible Industry Education program completion.
- IAIP Education hours must be listed in member profile for verification.
- Initial each page and mail or email a PDF of your completed application to IAIP. Your application will be processed within two weeks of being received.

Application	Payment	IAIP Corporate Centre Use Only
Mail: IAIP Attn: Education Director 3525 Piedmont Road Building Five, Suite 300 Atlanta, GA 30305 Email: education@iaip-ins.org	Mail: Include \$25 application fee with application submission Online: http://www.internationalinsuranceprofessionals.org Visit the Store and select Designations → CIIP Application Fee	Receive Date _____ Process Date _____ Eligibility Date _____ <i>(if different than above)</i> Processed By _____ Approved _____ Denied _____

APPLICATION CHECKLIST

Section 1: Candidate Information I have completed all candidate information.

Section 2: IAIP Membership I am a current member of IAIP with dues paid in full for the current fiscal year.

Section 3: Business Requirement I have been employed in the insurance industry for a minimum of five years.

Section 4: IAIP Education I have completed a total of sixteen (16) hours of IAIP education courses and all courses are listed in my IAIP member profile.

Section 5: Industry Education I have fulfilled the Industry Education requirements by completing one of the eligible industry educational programs listed and documentation is included with this application.

Section 6: Payment I have included payment information with this application for the \$25 application fee.

Section 7: Attestation I have signed to indicate my acceptance of the application attestation.

Please initial each page before submitting completed application.

SECTION 1

CANDIDATE INFORMATION

Name _____ **Member ID** _____

(Name as it is to appear on the certificate)

Mailing Address _____

City, State, Zip _____

Email _____ **Home Phone** _____

Company _____ **Work Phone** _____

Local Association _____ **Region** _____

Member at Large

Would you like a letter acknowledging your accomplishment sent to your employer from the IAIP International President?

Yes No

If yes, please provide the following details: company name, employer's name and full address (a letter will not be sent if this is not completed):

Employer Name _____

Company Name _____

Mailing Address _____

City, State, Zip _____

Would you like your local association president to be contacted of your accomplishment? Yes No

Local President name _____ Email _____

Would you like your local association president to be contacted of your accomplishment? Yes No

Regional Vice President name _____ Email _____

SECTION 2

IAIP MEMBERSHIP

CIIP candidates must be a current member of IAIP with dues paid in full for the current fiscal year.

I have been a member of IAIP for three (3) or more continuous years. _____ (indicate years i.e. 2008-2011)

SECTION 3

BUSINESS REQUIREMENT

CIIP candidates must be employed in the insurance industry for a minimum of five years.

I have been in the insurance industry for more than (5) years. _____ (indicate years i.e. 2008-2011)

Please initial each page before submitting completed application.

SECTION 4

IAIP EDUCATION

Fulfill the IAIP education program requirement by completing a total of sixteen (16) hours of IAIP educational courses. Qualifying IAIP education hours include courses listed on Course Offerings webpage and IAIP education webinars. All courses need to be listed in IAIP member profile.

Title of Course:	
Date(s):	
Name of Event/ Self Study	
Number of Credits:	

Title of Course:	
Date(s):	
Name of Event/ Self Study	
Number of Credits:	

Title of Course:	
Date(s):	
Name of Event/ Self Study	
Number of Credits:	

Title of Course:	
Date(s):	
Name of Event/ Self Study	
Number of Credits:	

(If needed, attach additional sheets with title of program, date completed, name of event/Self Study and number of credits.)

Total number of credits submitted: _____
 16 hours required; one hour equals one credit

SECTION 5

INDUSTRY EDUCATION

Industry Education are courses provided by an organization other than IAIP. Fulfill this requirement by completing one of the eligible industry educational programs listed on page 5. **Evidence of qualification—such as copy of final grade sheet or certificate of completion—must accompany the application.** If this is not available, it is the candidate’s responsibility to contact the program’s sponsoring organization and request a letter giving evidence and date of program completion.

Industry Educational Program:	
Sponsoring Organization:	
Completion Date:	

Please initial each page before submitting completed application.

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SECTION 6

PAYMENT

- The designation application fee is \$25 and must accompany this application.
- The application fee includes a \$10 non-refundable processing fee. The application fee, less the non-refundable processing fee, will be refunded only if your application does not meet the eligibility requirements for designation candidacy.

Pay by Check: Please send application, documents as evidence of completed education requirements and payment of \$25 to:

IAIP
 Attention: Education Director
 3525 Piedmont Road
 Building Five, Suite 300
 Atlanta, GA 30305

Pay by Credit Card: Please pay CIIP application fee through the online store at <http://www.internationalinsuranceprofessionals.org>. Email your application, supporting documents and a copy of your receipt of payment to education@iaip-ins.org.

SECTION 7

APPLICATION ATTESTATION

I CERTIFY THAT THE ABOVE STATEMENTS ARE COMPLETE AND TRUE AND ARE MADE IN FULL COMPLIANCE WITH THE CODE OF PROFESSIONAL ETHICS OF IAIP.

Signature of Candidate	Date
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We'd like to hear from you! Please share the positive effects (2 or 4 sentences) gained from meeting the requirements of the CIIP and how it had an impact on your professional goals or the goals of your organization or group. We'd like to share this information in a testimonial for others to learn the value of the CIIP.

Please initial each page before submitting completed application.

Approved Industry Education Programs		
Organization	Program	
American Institute of CPCU	Chartered Property Casualty Underwriter (CPCU)	
Society of CLU	Chartered Life Underwriter (CLU)	
Private Risk Management Association (PRMA)	Chartered Private Risk and Insurance Advisor (CPRIA)	
Insurance Institute of Canada	Associate Rank (AIIC)	
Life Underwriter Training Council	Fellowship (LUTCF)	
Health Insurance Association of America	Group Life and Health Insurance Health Insurance Associate (HIA) Managed Healthcare Professional (MHP)	
International Claims Association	Associate in Life and Health Claims (ALHC) Fellow Life and Health Claims (FLNC)	
Society of Actuaries	Associate Rank	
National Alliance	Certified Insurance Counselor (CIC) Certified Insurance Service Representative (CISR) Certified Risk Manager (CRM)	Certified Personal Risk Manager (CPRM) Certified School Risk Manager (CSRMM)
Casualty Actuarial Society	Associate Rank	
Professional Liability Underwriting Society	Registered Professional Liability Underwriting (RPLU)	
Association of Average Adjusters	Full Membership	
Int'l Foundation of Employee Benefits Plans	All designations	
National Association of FIC	Fraternal Insurance Counselor (FIC)	
The American College	Registered Health Underwriter (RHU)	
National Association of PIA	Certified Professional Service Representative (CPSR)	
National Association of Insurance Commissioners	Associate Professional in Insurance Regulation (APIR) Professional in Insurance Regulation (PIR) Senior Professional in Insurance Regulation (SPIR)	
Independent Insurance Agents of America	Accredited Customer Service Representative (ACSR)	
Insurance Brokers Association of Canada	Canadian Accredited Insurance Broker (CAIB)	
Academy for Healthcare Management:	Fellow of Academy for Healthcare Management (FAHM)	
Professional Career Institute/Central Insurance, Inc.	Professional in Account Management (PIAM) Certified Professional in Insurance (CPII)	
LOMA (formerly Life Office Management Association)	All designations	
Insurance Educational Association	Certified Professional Disability Management (CPDM)	
Corporation of Long-Term Care	Certified in Long-Term Care (CLTC)	
American Educational Institute	Senior Claim Law Associate (SCLA) Casualty Claim Law Associate (CCLA) Property Claim Law Associate (PCLA) Workers' Compensation Claim Law Associate (WCLA) Fraud Claim Law Associate (FCLA) Fraud Claim Law Specialist (FCLS)	Auto Claim Law Specialist (ACLS) Legal Principals Claims Specialist (LPCS) Casualty Claim Law Specialist (CCLS) Property Claims Law Specialist (PCLS) Workers' Compensation Claim Law Specialist (WCLS) Automobile Claims Law Associate (ACLA)
Insurance Institute of America (The Institutes)	Certification in General Insurance Certification in Supervisory Management Chartered Property Casualty Underwriter (CPCU) Associate in General Insurance (AINS) Associate in Reinsurance (ARE) Associate in Fidelity and Surety Bonding (AFSB) Associate in Risk Management (ARM) Associate in Management (AIM) Associate in Insurance Accounting and Finance (AIAF) Associate in Personal Lines (API) Associate in Insurance Services (AIS) Associate in Surplus Lines Insurance (ASLI) Associate in Claims (AIC) Associate in Loss Control Management (ALCM)	Associate in Underwriting (AU) Associate in Premium Auditing (APA) Accredited Advisor in Insurance (AAI) Accredited Customer Service Representative (ACSR) Associate in Information Technology (AIT) Associate in Marine Insurance Management (AMIM) Associate in Research and Planning (ARP) Associate in Risk Management for Public Entities (ARM-P) Associate in Regulation and Compliance (ARC) Associate in National Flood Insurance (ANFI) Associate in Risk Management – ERM (ARM-E)
Society of State Filers	CCP, formerly known as Certified State Filer (CSF)	
Society of CPA's	Certified Public Accountant (CPA)	
SILA Foundation	SILA Fellow	
The National Underwriter	Commercial Lines Coverage Specialist (CLCS) Personal Lines Coverage Specialist (PLCS) Group Benefits Disability Specialist (GBDS)	
International Risk Management Institute	Construction Risk and Insurance Specialist (CRIS) Management Liability Insurance Specialist (MLIS)	
Other Designations	Registered Nurse (RN) License Practical Nurse (LPN) Juris Doctorate (JD) Certified Management Accountant (CMA)	Certified Marine Insurance Professional (CMIP) Risk Management Degree Master in Business Administration (MBA) Master in Public Administration (MPA)