



## DIVERSIFIED ADVANCED EDUCATION APPLICATION

Attaining the Diversified Advanced Education (DAE) with IAIP can distinguish you from other insurance professionals. The DAE designation acknowledges leadership involvement, education learned and commitment to the association by participation in association events. This application is the final step toward earning this 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 applications will be returned.
- Provide proof of completion of eligible Industry Education program and Ethics requirement.
- IAIP Education hours must be listed in member profile.
- Initial each page and email or mail a PDF of your completed application to IAIP. Your application will be processed within two weeks of being received.

## APPLICATION CHECKLIST

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

**Section 2: CPIW/CPIM/CIIP Designation** I have held the CPIW/CPIM/CIIP Designation for a minimum of 3 years.

**Section 3: IAIP Membership** I am a current member of IAIP with dues paid in full for the current fiscal year and have held continuous membership for the last five years.

**Section 4: Industry Education** I have fulfilled the Industry Education requirements by completing one of the three options listed in this section. Proof of completion included.

**Section 5: IAIP Education** I have completed a total of twelve (12) hours of IAIP educational programming. Hours have been completed **within the last five years** and are listed in my member profile.

**Section 6: IAIP Leadership** I have fulfilled at least one of the qualifying leadership requirements **within the last five years**.

**Section 7: IAIP Event Participation** I have fulfilled the participation requirements, having attended any combination of two Council Meetings, Regional Conferences or International Conventions **within the last five years**.

**Section 8: Ethics Requirement** I have completed an ethics program **within the last five years** per the requirements stated. Proof of completion included for state certified courses or IAIP Ethics course listed in my member profile.

**Section 9: Payment** I have included payment information for the \$75 application fee with this submission.

**Section 10: Attestation** I have signed to indicate my acceptance of the application attestation.

Application	Payment	IAIP Corporate Centre Use Only
<b>Mail:</b> IAIP Attn: Education Director 3525 Piedmont Road Building Five, Suite 300 Atlanta, GA 30305  <b>Email:</b> <a href="mailto:education@iaip-ins.org">education@iaip-ins.org</a>	<b>Mail:</b> Include \$75 application fee with submission  <b>Online:</b> <a href="http://www.internationalinsuranceprofessionals.org">http://www.internationalinsuranceprofessionals.org</a> Visit the Store and select Designations → DAE Application Fee	Receive Date _____ Process Date _____ Eligibility Date _____ <i>(if different than above)</i> Processed By _____ Approved / Denied

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 Regional Vice President to be contacted of your accomplishment?  Yes  No

Regional Vice President name \_\_\_\_\_ Email \_\_\_\_\_

SECTION 2

CPIW/CPIM/CIIP DESIGNATION

Hold CPIW/CPIM/CIIP Designation for minimum of three (3) years.

Date CPIW/CPIM/CIIP Designation obtained: \_\_\_\_\_

SECTION 3

IAIP MEMBERSHIP

DAE candidates must be a current member of IAIP with dues paid in full for the current fiscal year. IAIP membership must be continuous for the last five years.

I confirm that I am a current member of IAIP with continuous membership for the last five years.

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**SECTION 4**

**INDUSTRY EDUCATION**

Industry Education are courses provided by an organization other than IAIP. Fulfill the Industry Education requirements by completing one of the three options listed in this section: 25 hours industry education, industry designation, or published work. **Requirement needs to be completed within the last five (5) years and proof of completion must be included with application.**

**Check One:**

- Industry Education:** 25 hours of insurance education, continuing education or professional development courses either as a student or facilitator. Proof of completion included.

**Detailed Listing of Professional Development Activities:**

<b>Title of Course:</b>	
<b>Sponsoring Organization:</b>	
<b>Date(s):</b>	
<b>Number of Credits:</b>	
<b>Location:</b>	
<b>Facilitator:</b>	

<b>Title of Course:</b>	
<b>Sponsoring Organization:</b>	
<b>Date(s):</b>	
<b>Number of Credits:</b>	
<b>Location:</b>	
<b>Facilitator:</b>	

<b>Title of Course:</b>	
<b>Sponsoring Organization:</b>	
<b>Date(s):</b>	
<b>Number of Credits:</b>	
<b>Location:</b>	
<b>Facilitator:</b>	

*(If needed, attach additional sheets with title of program, sponsoring organization, date, and credits.)*

**Total number of credits submitted:** \_\_\_\_\_  
*25 hours required; one hour equals one credit*

- Industry Designation:** One class leading to an industry designation, completed as either a student or facilitator **within the last five (5) years**. Proof of completion included.

<b>Industry Designation:</b>	
<b>Sponsoring Organization:</b>	
<b>Date(s):</b>	
<b>Location:</b>	
<b>Facilitator:</b>	

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- Publications (check one):** Proof of completion must be included.
  - Write two 500 words or longer articles published outside of IAIP, **OR**
  - Write an IAIP course approved by the Board of Directors, **OR**
  - Revise an IAIP course, **OR**
  - Write a white paper published for the industry.

***Disclaimer:** This work is on an individual basis. Anything qualifying for this section of the designation **must have been done or published within the last five years.** You must agree to a disclaimer that your original article, course, or white paper has not been previously published on claims, property/casualty issues, life/health issues, education, networking, and legislation or risk management by other authors.*

Title of article/course/white paper: \_\_\_\_\_

**SECTION 5**

**IAIP EDUCATION**

Fulfill the IAIP educational programming requirement by completing **within the last five (5) years** a total of twelve (12) hours of IAIP educational programming. This can be completed anytime from IAIP join date to application date. **Qualifying IAIP education includes courses listed on Course Offerings webpage under Education tab and also includes education webinars. Completed courses need to be listed in member’s profile.**

<b>Title of Course:</b>	
<b>Date(s):</b>	
<b>Name of Event/Self-Study</b>	
<b>Number of Credits:</b>	

<b>Title of Program:</b>	
<b>Date(s):</b>	
<b>Name of Event/Self-Study</b>	
<b>Number of Credits:</b>	

<b>Title of Program:</b>	
<b>Date(s):</b>	
<b>Name of Event/Self-Study</b>	
<b>Number of Credits:</b>	

*(If needed, attach additional sheets with title of program, date completed and number of credits.)*

**Total number of credits submitted:** \_\_\_\_\_  
 12 hours required; one hour equals one credit

Please initial each page before submitting completed application.

**SECTION 6**

**IAIP LEADERSHIP**

Fulfill the qualifying leadership activities requirement by listing the positions held within IAIP (a minimum of one of these is required) **within the last five (5) years**. Options include the following:

- serving or chairing two (2) Local Committees  holding one (1) Local elected position
- serving or chairing one (1) Council, Regional or International Committee.

<b>Position:</b>	
<b>Dates:</b>	
<b>Position:</b>	
<b>Dates:</b>	

**SECTION 7**

**IAIP EVENT PARTICIPATION**

Fulfill the participation requirement by attending any combination of two (2) Council Meetings, Regional Conferences or International Conventions **within the last five (5) years**. List the event and date of programs attended.

<b>Event:</b>	
<b>Date(s):</b>	
<b>Event:</b>	
<b>Date(s):</b>	

**SECTION 8**

**ETHICS REQUIREMENT**

Fulfill the ethics requirement with the completion of one of IAIP’s ethics courses or a state certified ethics course **within the last five (5) years**. Proof of completion must be included for state certified Ethics course. IAIP Ethics course must be listed in IAIP member profile.

**Check one:**

- Professional Ethics - Not Just for Agents: *4 hours Continuing Education Course*
- Ethics in the Workplace: *4 hours Certified Leadership Program Course*
- Making a Difference: Ethics: *1 hour Career Development Course*
- State certified Ethics course

Title of Program:	
Sponsoring Organization:	
Date(s):	
Number of Credits:	
Student or Facilitator:	

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SECTION 9

PAYMENT

The \$75.00 application fee must accompany this submission. The application fee includes a \$25 non-refundable processing fee. The application fee, less a non-refundable processing fee, will be refunded only if your application does not meet the eligibility requirements for DAE candidacy.

**Pay by Check:** Please send application, documentary evidence of completion of education requirements and check for \$75 application fee to:

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

**Pay by Credit Card:** Please pay 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](mailto:education@iaip-ins.org).

SECTION 10

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

**We'd like to hear from you!** Please share the positive effects (2 or 4 sentences) gained from meeting the requirements of the DAE 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 DAE.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Please initial each page before submitting completed application.