

NATIONAL ASSOCIATION OF INSURANCE WOMEN (INTERNATIONAL) DIVERSIFIED ADVANCED EDUCATION (DAE) DESIGNATION APPLICATION

Date of Application _____ New (include \$75 one-time fee)
 Renewal (include \$30 renewal fee)

Name _____ Member Number _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Work Phone _____ Home Phone _____

I am a member of the following local association _____

Region Number _____ **OR** I am a member-at-large _____ I obtained my CPIW/M Designation in _____

INITIAL REQUIREMENTS FOR DIVERSIFIED ADVANCED EDUCATION DESIGNATION:

- Meet Education, NAIW Program and Participation standards
- Hold CPIW/M Designation for minimum of five (5) years
- Continuous membership for a minimum of the preceding five (5) years
- NAIW dues must be paid for the fiscal year in which application is made



RENEWAL REQUIREMENTS FOR DESIGNATION Designation must be renewed every three (3) years.

- Application for renewal must be made 60 days prior to three-year anniversary of conferment.
- Pay \$30 renewal fee
- NAIW membership must be continuous since conferment
- Meet Education, NAIW Program and Participation standards during the past three years

NOTE: Failure to re-certify will result in loss of use of the DAE designation.

Professional Development Activity	Documentation to be Attached:	Fill in Date:	
		Date Completed	Date Approved
<p><u>EDUCATION</u></p> <p>25 hours of insurance OR continuing education OR professional development courses either as student or teacher;</p> <p>OR</p> <p>One class leading to an industry designation either as student or teacher;</p> <p>OR</p> <p>Two 500 word or longer articles printed in publications (outside NAIW), or an NAIW program written and approved by the NAIW Board of Directors, or revised an NAIW program, or a white paper published for the industry. This work is on an individual basis. Anything qualifying for this section of the designation must have been done or published after July 1, 2001. You must agree to a disclaimer that your original article, program, 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.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completion Certificates or Transcript <input type="checkbox"/> Completion Certificate or Grade Report <input type="checkbox"/> Publication Articles <input type="checkbox"/> NAIW Program <input type="checkbox"/> White Paper 		

Professional Development Activity	Documentation to be Attached:	Fill in Date:	
		Date Completed	Date Approved
<p><u>NAIW PROGRAMS</u></p> <p>NAIW program (approved as CPIW/M qualifier) not previously completed as student or teacher;</p> <p>OR</p> <p>Re-completion of revised NAIW program (approved as CPIW/M qualifier) as student or teacher;</p> <p>OR</p> <p>One 4-hour and six 30-minute I CAN Programs not previously completed as student or teacher.</p>	<p><input type="checkbox"/> Certificate, or copy of form in back of program signed by Instructor.</p> <p><input type="checkbox"/> Certificate, or copy of form in back of program signed by Instructor.</p> <p><input type="checkbox"/> Certificate, or copy of form in back of program signed by Instructor.</p>		
<p><u>NAIW PARTICIPATION</u></p> <p>Serve or Chair 2 Local Committees;</p> <p>OR</p> <p>Hold one Local elected position;</p> <p>OR</p> <p>Serve or Chair One State, Regional or National Committee.</p> <p>AND</p> <p>Attend any combination of two State, Regional or National Conventions.</p>	<p><input type="checkbox"/> Copy of program or minutes</p> <p><input type="checkbox"/> Copy of program or minutes</p> <p><input type="checkbox"/> Copy of roster, program, registration or name badge</p> <p><input type="checkbox"/> Copy of program or minutes</p>		

Certification:

The cost of the certificate and pin is a one-time fee of \$75. Thereafter, a re-certification document will be provided upon receipt of the \$30 renewal fee included with the required documentation to show that you have met the re-certification requirements.

- Please mail my certification and pin to the address listed on the front of this application.
- I prefer to have my certificate and pin mailed to my local President for presentation, please send to the following address:

Name: _____

Address: _____

Type or Print name as you wish it to appear on your certificate:

I CERTIFY THAT THE ABOVE STATEMENTS ARE COMPLETE AND TRUE AND ARE MADE IN FULL COMPLIANCE WITH THE CODE OF PROFESSIONAL ETHICS OF THE NATIONAL ASSOCIATION OF INSURANCE WOMEN (INTERNATIONAL).

 Signature of Applicant

 Date

Send completed form to:

National Association of Insurance Women (International)
P O Box 4410 Tulsa, OK 74159-0410

