





Enrollment Application

- 1. Click Enrollment Application
- 2. Click COMPLETE NOW



4. Confirm information is accurate,

click • I agree

5. Click CONTINUE

- Complete Enrollment Application required fields First Name * Employer Phone *
 - Last Name *

- Job Title *
- Preferred Name on Award *
- Employment Start Date *
- Department of Insurance *

	You`ve taken the first step toward earning your APIR
	Designation. Please complete all enrollment steps below. First Name *
	Terrina
	Middle Name
3	Last Name *
•	Rectan
	Preferred Name on Award *
	The same Processor
	Applicants must be currently employed with a
	state Department of Insurance. Please select your
	state DOI from the list below.
	Department of Insurance *
	Mill Missish Tagarment of Lawrence and Tay.
	Employer Phone *
	200 TE 400
	lob Title *
	Employment Start Date *
	Please agree and select CONTINUE to proceed.
	I attest that all information given on this form
	documentation are, to the best of my knowledge and belief, true, correct and complete. *
4	I agree



- 6. Use mouse or touchpad to Sign in box
- 7. Click SUBMIT
- 8. Click CONFIRM



Note: Green dot with check confirms first step (Enrollment Application) Completed





Enrollment Fee (required to complete enrollment application)

1. Click on Enrollment Fee



- 2. Determine payment type
 - Credit Card: PAY FEE
 - o Zone/Grant Funds: UPLOAD EVIDENCE OF PAYMENT

Note: Zone/Grant Funds option will show "Pending verification" until process completed by NAIC.







Credit Card: (enrollment fees are non-refundable)

1. Select <u>PAY FEE</u>	Enrollment Fee Incomplete S Fees 20206/2027 Enrollment fees are required to complete your enrollm To pay via: Credit card, select PAY FEE. Zone/Grant Funds, select UPLOAD EVIDENCE OF PAY	nent application. MENT (please note, you must
	download a copy of the Zone/Grant Form; the comple uploaded). Enrollment fees are non-refundable.	ted form is required to be
	Fees	\$250.00
	CLOSE 3RD PARTY PAYMENT UPLOAD EVI	DENCE OF PAYMENT PAY FEE

- 2. Enter credit card information
 - Name on Card *
 - **Card *** (Number and expiration MM/YY)
- 3. Click PAY \$250.00

	Enrollment Fee	ı
	Incomplete S Fees O2/23/2024 Enrollment fees are required to complete your enrollment	l
	application. To pay via: Credit card. select PAY FEE.	l
	Zone/Grant Funds, select UPLOAD EVIDENCE OF PAYMENT **A completed Zone/Grant Form is required to	
	he upleaded**	
	be uploaded**	l
	be uploaded** Enrollment fees are non-refundable. Payment Amount	l
	be uploaded** Enrollment fees are non-refundable. Payment Amount \$250.00	l
	be uploaded** Enrollment fees are non-refundable. Payment Amount \$250.00 Name on card *	
	be uploaded** Enrollment fees are non-refundable. Payment Amount \$250.00 Name on card * Cardholder Name	
ſ	Enrollment fees are non-refundable. Payment Amount \$250.00 Name on card * Cardholder Name Card *	
	be uploaded** Enrollment fees are non-refundable. Payment Amount \$250.00 Name on card * Cardholder Name Card * Card t Card number MM / YY CVC	



Zone / Grant: (enrollment fees are non-refundable)

1. Select UPLOAD EVIDENCE OF PAYMENT

8	Fees	02/23/2024		
Enrollment fee	s are required to comple	te your enrollment application.		
fo pay via: Credit card, select PAY FEE. Zone/Grant Funds, select UPLOAD EVIDENCE OF PAYMENT **A completed				
Zone/Grant Eo	rm is required to be un	loaded**		
Zone/Grant Fo	rm is required to be up	loaded**		
Zone/Grant Fo	rm <i>is required to be up</i> es are non-refundable. Fees	loaded**	\$250.00	
Zone/Grant Fo	rm is required to be up as are non-refundable. Fees	loaded**	\$250.00	
Zone/Grant Fo Enroliment fee CLOSE	rm is required to be up to are non-refundable. Fees 3RD PARTY PAYMENT	1 UPLOAD EVIDENCE OF PAYMENT	\$250.00 PAY FEE	
Zone/Grant Fo Enrollment fee CLOSE	Is required to be up as are non-refundable. Fees 3RD PARTY PAYMENT	1 UPLOAD EVIDENCE OF PAYMENT	\$250.00 Pay fee	

2. Click Zone/Grant Form link

Download and complete form

STATE ZONE/GRANT FUNDS	STATE TECHNICAL TRAINING
Name	
Department of Insurance	
Address	
City, State, Zip	
Phone	Designation Level
Candidate Signature	Date
State Department Approved by Signature	
State Department Approved by (Print Name)	
NAIC COO/CEO, Director, NIPR CEO, IIPRC Exec. Dir./Date	
	ACCOUNTING USE ONLY
	Voucher #

- 3. Drop fie or use <u>Browse</u> link to attach completed form
- 4. Click UPLOAD





Terms and Conditions

- 1. Click on Terms and Conditions
- 2. Click COMPLETE NOW



- 3. Review, click on I agree to accept terms and conditions *
- 4. Click CONTINUE





5. Use mouse or touchpad to Sign in box

6. Click SUBMIT

	Terms and Conditions Incomplete (S) Dynamic form (22/23/2024)
	Click COMPLETE NOW to review our Terms and Conditions, then click CONTINUE . Signature
	5
	Clear Sign above
	BACK SUBMIT
Click CON	FIRM to complete form submission
Please co	nfirm form submission

ВАСК

CONFIRM



Terms and Conditions

Step type:

Dynamic form

7.



Final Review for APIR Candidacy

APIR Candidacy will display 'Pending verification' until processed.

