**** THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing****

OFFICE USE ONLY
PROGRAM NUMBER
502- _____

ALL STAR DRIVER EDUCATION, INC.

Instructor Preparation Course 502

Office Location: 75 Aprill Dr. Ann Arbor, MI 48103 Hours: M-F 9-5pm (734) 665-7374 (800) 967-7719

www.allstarde.com

This contract is entered into by and between All Star Driver Education Inc., and

Full Name:_____
First Middle Last

Address_____

City_____ State_____ Zip_____ Birth Date: ___/___/___

Home Phone: _____ Cell Phone: _____ E-Mail: _____

The undersigned has paid for IPP in the form of: Cash Check Credit Money Order in the amount of: $_____ on ___/___/___

REFUND POLICY: Upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: For each day of classroom time unused, $25 will be refunded. All refunds will be given in the form of a check. There will be a $30 return check fee for all returned checks!

Missed Days/Make Up Days: Students are expected to be present for every class time, no absences are allow. If you chose to miss a schedule class for any reason you will need to retake the missed class at your own expense. A cost of $125 will be charged for any make-up days you need to take.

Course Objectives: Developing Classroom Instructional Knowledge

This course is the second of four courses to prepare students to become driver education instructors in the State of Michigan. During this course the student will:

1. Demonstrate an understanding of the rules and regulations of the Michigan Department of State.
2. Demonstrate an understanding of how students learn.
3. Demonstrate an understanding of the various teaching methods and techniques for classroom instruction.
4. Develop and conduct learning activities to meet the objectives of segment 1 and segment 2 driver education using the ADTSEA Driver Education Curriculum 3.0.
5. Identify and/or develop resource materials for use in segment 1 and segment 2 driver education.
6. Identify methods to involve parents in the learning process.

Please Note:

In order to be eligible for instructor certification you must meet the following requirements:

1. Be at least 21 years of age.
2. Possess a valid driver's license that has been in continuous effort for not less than 5 years immediately preceding the application.
3. Provide a copy of your valid driver's license.
4. Must have less than 6 active points on your driving record by the time you submit your application to the State of Michigan
5. Provides a statement indicating whether you have applied for a driver instructor certificate in this or any other State previously to taking this course. If so please provide the result of that application, including whether the instructor certificate issued was revoked or suspended.
6. Complete a criminal history check (this will be required before you are issued your State of Michigan driver education certification)
7. You will find a list from the State of Michigan of violations that will result in a certification denial at this address: http://www.michigan.gov/sos/0,4670,7-127-1627_40645-138542--,00.html
8. Certify there is no pending criminal matter or outstanding arrest, warrant, or conviction since submitting a request for a criminal history check. (see above for examples)
9. Submit a $45.00 nonrefundable application processing fee
10. Submit a certified medical examination report that is not older than 90 days which is prepared by a physician, physician's assistant, or certified nurse practitioner. The report shall include a statement by the person that certified the report that the applicant is medically qualified to operate a motor vehicle and to train others to operate a motor vehicle (this will be required before you are issued your State of Michigan driver education certification)
11. Other information and documents as requested by the Secretary of State to determine your qualifications for certification

I have read and understand the above policies and procedures provided by All Star Driver Education, Inc.

STUDENT NAME	STUDENTSIGNATURE X	DATE / /
PROGRAM SUPERVISOR NAME	PROGRAM SUPERVISOR SIGNATURE X	DATE / /