

Michigan Driver and Traffic Safety Education Association



Professional Development Registration Form

(Electronic Correspondence Courses – Email required – [Approved by MDOS])

Please complete this form and return it and your payment to the address below. You may mail this form and your payment, or you may fax this form if you are paying by MC/VISA/Discover. The lead instructor will then send you reading materials to the email address you provide. After you read the materials, complete all assigned work, and return your work via email to your instructor. Each course should take 3-4 hours to complete. Upon successfully completing this course, your instructor will send the form to the MDTSEA central office, and a professional development certificate will be sent from MDTSEA to the email you provide.

Please choose from one of the following six approved courses. Courses may not be repeated.

- “Tips for Behind-the-Wheel Instruction – Part 1”
- “Tips for Behind-the-Wheel Instruction – Part 2” (Student must have the ADTSEA 3.0 curriculum)
- “Reaching Students with ADD/ADHD”
- “New Technology as it Pertains to Driver Education”
- “Tips for Navigating the ADTSEA 3.0 Curriculum” (Student must have the ADTSEA 3.0 curriculum)
- “Tips for Teaching About Distracted Driving” (Student must have the ADTSEA 3.0 curriculum)

\$30 MDTSEA Member fee **\$45 Non-member fee**

If you are not a MDTSEA member, but you would like to join, you may check this box, and we will charge you \$25 for your membership, which qualifies you for the reduced professional development course rate of \$30.

Complete Name: _____

Mailing address: _____

Email address: _____

Telephone number: _____

School you teach for: _____

***Important:** The Michigan Department of State (MDOS) will conduct random inspections of driver educators to determine if they have completed their professional development requirements. The certificate you receive will serve as proof of completion of your requirements during the current renewal cycle. As such, it is the responsibility of the instructor to maintain a copy of this certificate, in case the MDOS requests proof of completion.*

Cash, checks, or credit cards accepted. For credit card payments:

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| Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | Card no. _____ Expiration (mo/yr) _____ Amount authorized: _____ | Name on card: _____ Signature: _____ |
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Mail, FAX, or E-mail a scanned form to: MDTSEA PO Box 20611, Kalamazoo, MI 49019
 Email: mdtsea@gmail.com FAX (517) 487-6358