

# 2025 Registration Form

To register for an Institutes Designations exam, complete and return this form with either credit card information or the necessary fees (U.S. currency only). Do not use this form to register for AAI segmented exams offered through state associations.

Telephone: (800) 644-2101 or (610) 644-2100 Fax: (610) 640-9576 Email: CustomerSuccess@TheInstitutes.org Web: TheInstitutes.org

**1. Student ID number (if assigned):** \_\_\_\_\_

If you need a student identification number, please call Customer Success at (800) 644-2101. **If you are requesting a NEW ID #:**

- Check with your employer first. Requesting a new ID is not available for some companies. A new ID number may also delay employer reimbursement or incentive payments.
- Creating a new ID may result in exam grades being improperly recorded. Always check your grades after changing your ID.

**2. PRINT your full name as it appears in your Institutes account.**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

**3. If you have previously registered for an exam under a different name, please print that name.**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

**4. Date of birth:** \_\_\_\_\_

**5. Job title:** \_\_\_\_\_

**6. Phone number:** \_\_\_\_\_

**7. Email address:** \_\_\_\_\_

☐ Check here if you would like to receive emails.

**8. Employer's name:** \_\_\_\_\_

**9. Employer Type (select one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Insurance company         | <input type="checkbox"/> Adjuster                   |
| <input type="checkbox"/> Agency                    | <input type="checkbox"/> U/C General Agency         |
| <input type="checkbox"/> Miscellaneous             | <input type="checkbox"/> Agency-Exclusive           |
| <input type="checkbox"/> Agency-Managing General   | <input type="checkbox"/> Risk Mgmt in Non-Insurance |
| <input type="checkbox"/> Ind Service, TPA, Consult | <input type="checkbox"/> Professional/Trade Org     |
| <input type="checkbox"/> Government/Public Entity  | <input type="checkbox"/> Accounting Firm            |
| <input type="checkbox"/> Educational Institution   | <input type="checkbox"/> Law Firm/Attorney          |
| <input type="checkbox"/> Brokerage                 |   |

**10. Preferred mailing address:** ☐ Home ☐ Business

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Province/Country

**11. What program are you working toward?** \_\_\_\_\_

**12. Indicate the exam number and testing window for registration:**

| Exam Number (e.g. AINS 101 or AAI 301A) | Testing Window (e.g., Oct 15 - Dec 15, 2025) |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |

**13. CE Credit (Check applicable license):**

☐ Producer ☐ Adjuster ☐ None

License/NPN # \_\_\_\_\_

Resident State \_\_\_\_\_

License Expiration Date \_\_\_\_\_

**14. Payment: (See Exam Fee Chart)**

|                  |     |
|------------------|-----|
| Exam Fee         | \$  |
| Credit Available | -\$ |
| Total Remittance | \$  |

If paying by check, please make payable to The Institutes.

For corporate invoicing, provide the billable account code.

Account Code: \_\_\_\_\_

Return this form with fee or payment information to:

The Institutes  
720 Providence Road, Suite 100  
Malvern, PA 19355-3433  
Fax: (610) 640-9576

**Credit Card number:** \_\_\_\_\_  
(American Express, Diners Club, Discover, MasterCard, and VISA cards are accepted.)

**Expiration date:** \_\_\_\_\_ **CSV:** \_\_\_\_\_

**Billing address zip code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For accounting use only**

Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Account # \_\_\_\_\_

## Institutes Designations Exam Fees

| Full Exam   | Early Discount Virtual * | Standard Virtual | Virtual Retake** |
|---|--------------------------|------------------|------------------|
| CPCU  | \$ 349                   | \$ 429           | \$ 349           |
| AINS, AIO, AIT, AIS                                 | \$ 239                   | \$ 319           | \$ 239           |
| ACRM, AIC, AIDA, API, ARe, ARM, AU, PBP, SPPA, WCCA | \$ 249                   | \$ 329           | \$ 249           |
| AFSB, AIAF, AIM, AMIM, ANFI, APA, ASLI, ARC         | \$ 309                   | \$ 389           | \$ 309           |
| ACSR, AAI   | \$ 209                   | \$ 289           | \$ 209           |
| PRC   | \$ 209                   | \$ 289           | \$ 209           |
| AGPI, AIRP  | \$ 159                   | \$ 239           | \$ 159           |
| SM  | \$ 159                   | \$ 239           | \$ 159           |
| CAS   | n/a                      | \$ 475           | n/a              |
| <b>Segmented Exams</b>                              |                          |                  |                  |
| AIT 24 (A,B,C)                                      | \$ 105                   | \$ 185           | \$ 105           |
| AAI 301, 302, 303 (A,B)                             | \$ 165                   | \$ 245           | \$ 165           |
| <b>Transfer/Cancel</b>                              |                          |                  |                  |
| Transfer fee  | \$ 95                    |                  |                  |
| Cancellation Forfeiture                             | \$ 145                   |                  |                  |

For more information on testing windows, exam transfers and retakes, common FAQs, exam formats, rules and standards, virtual proctoring, and more, go to <https://web.theinstitutes.org/exam-information>. You may also reach out to [CustomerSuccess@TheInstitutes.org](mailto:CustomerSuccess@TheInstitutes.org) for any exam questions or support.

\* Early fees are charged before the first day of the testing window for which an examinee is registering.

\*\* The virtual retake discount applies to exams taken in the same window.

*Course topics, program and exam requirements, and pricing are subject to change at any time.*