Step by Step Guide for CPD Accreditation Submissions





The Insurance Institute

Date: 31/12/2024

Index

1. Submitter Login

If you are not a member of The Insurance Institute, please contact us at **memberservices@iii.ie** or **cpdaccreditations@iii.ie** with "Submitter Login" in the subject line. We will revert to you with details of your new Username and Password.

In certain circumstances, an accreditation fee will be charged, and same will be advised on receipt of your CPD accreditation submission.

If you are a member, please log in to the following area **https://iii.skillsserve.com/login/local**

You will be prompted to insert your username and your password.

and the second		1
	The Insurance Institute	- CE
	This is a corporate user log-in page. If you wish to access your member account please do so via the Member Area of our Website	I.I.
	If you experience any problems logging in, please contact us at 01-6456670 or by email at memberservices@iii.ie Go Back to Website	Via.
. (Username	11
110	Password	
101	Remember Me	
1V	Can't access your account?	

Click on the "Accreditation - Submit Activity" portal.



2. Portal

3. Submitter Details

You will be presented with the undernoted screen.

Submitter Details Required fields	Details	Access	Documents	Activity Details
Vame	Prov	ider Name* 💿		
Emma Witter				
Company	Pleas	se list details of the pr	esenter/author(s) of the	activity
The Insurance Institute	 Pres	enter/Author(s) *		
Email Address	A	bt		
ewitter@iii.ie				
Phone Number*				
				Nevt

Under this screen the following information will automatically default in to the relevant boxes:

- Name
- Company
- Email address

You must insert the following additional information:

- Phone Number
- Provider Name
- Presenter/Author(s)

Once completed you may click on either the Next button or the number 2 at the top of the screen.

4. CPD Activity Details

CPD Activity Details * Required fields	Details		Details 2	Access	Documents	Activity Deta
What is the title of the CPD activity?*			Under w activity f	hich knowledge poi all into?* ⑦	nts, from the CBI's I	MCC, does this
What type of CPD activity is it?*						
Please select		~				
Is this an ethics activity?*			What is 1	the duration of the e	event?* ③	
Please select		~	(piease ex	ciude all breaks from u	te total requested)	
Please provide a brief description of the a	tivity?*		0 ♥ hou	rs 0 🗸 minutes		
			When wo	ould you like the CF	D activity to be vali	d from?*
				i		
			IoB accr	editation code ③		
			LIA accre	editation code ③		

Under this screen, you must insert the following information:

- What is the title of the CPD activity? (be careful to insert the correct title here as our members use the title to search for the event on our system)
- What type of CPD activity is it?
- Is this an ethics activity?
- Please provide a brief description of the activity?
- Under which knowledge points from the CBI MCC, does this activity fall in to? Under this tab we want you to consider under which MCC minimum competency/competencies (under appendix 3 of the MCC document), you feel the content of this event falls under.
- What is the duration of the event? (should exclude any comfort breaks)
- When would you like the CPD activity to be valid from?
- IoB accreditation code (if available)
- LIA accreditation code (if available)
- For both the IoB and LIA accreditation codes if you have already received confirmation of accreditation from either body, please attach details of their accreditation code(s) and/or a copy of either/both confirmations.
- Click on either the Next box or number 3 at the top of the screen.

5. CPD Activity Access

* Required fields • Required fields • Required fields • Who will this CPD activity be available to? * • (1) Life Assurance • (2) Pensions • (3) Savings and Investments • (4) Personal General Insurance • (5) Commercial General Insurance • (6) Private Medical Insurance & Associated Insurances • (7) Housing Loans, Home Reversion Agreements & Associated Insurances • (8) Consumer Credit & Associated Insurances • (4) DLA • (v) DLDU • (c) DLDC • (D) Debt Management Services	CPD Activity Access	A Submitter Details	0	CPD Activity Details	CPD Activity Access	O Upload Documents	Confirm CPD Activity Detail
What MCC Categories/Designations is this activity suitable for? * ⑦ Who will this CPD activity be available to? * (1) Life Assurance My company only (2) Pensions All Insurance Institute members (3) Savings and Investments My company and specified others (4) Personal General Insurance My company and specified others (5) Commercial General Insurance Please add any additional notes to support the application (6) Private Medical Insurance & Associated Insurances Insurances (6) Consumer Credit & Associated Insurances (9) DLD (10) DLDU (10) DEbt Management Services	* Required fields	0		2	3	4	6
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(8) Consumer Credit & Associated Insurances (A) DLA (U) DLDU (C) DLDC (D) Debt Management Services Services	 (7) Housing Loans, Home Reversion. Insurances 	Agreements & Associated	1				
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C (C) DLDC (D) Debt Management Services C (D) C							
(D) Debt Management Services							
	(D) Debt Management Services						
	Ethics						
						Previ	ous Next

- Under this screen you should tick the MCC Categories/Designations you think this event is suitable for.
- In addition, you should select who you want to be able to have access to this event.
- Add any additional comments you may have around this event to the "Please add any additional notes to support the application".
- Click either Next or number 4 at the top of the screen.

Face to Face events

• Attach the power point presentation for Face to Face events (we advise our speakers to work towards a minimum of 20 slides per 1 hour delivery)

eLearning events

- Attach a copy of the screen shots for each screen and the question bank for eLearning events.
- Should include computer-based testing to provide evidence that a learner has assimilated the knowledge and skills contained in the course. The question bank should contain a greater number of questions than the test in the event that a person fails the test and has to re-sit to ensure that a predominantly different set of questions is presented in a re-sit test. Please see the following matrix as a guide to the minimum number of questions required:

6. Upload Documents

6. Upload Documents (continued)

Duration of Module	2hr	1.5hr	1hr	0.50hr	0.25hr
Minimum Number of Questions Required in the Question Bank	48	36	24	12	6
Minimum Number of Questions Required in the Test	24	18	12	6	3
Minimum Pass Rate	16	12	8	4	2

Please note that the minimum pass rate for each test is 65% or over.

- Should be well-designed (i.e. divided into individual lessons or units of reasonable length, requires little or no scrolling within pages, easy to read and navigate).
- Should be highly interactive, requiring regular interaction between the course and the learner (through frequent exercises, questions, links to websites or feedback).
- Should incorporate a reasonable diversity of delivery approaches and/ or media (i.e. appropriate combinations of text/slides, animation, pop-up pages, audio or video and attachments).
- Should be designed so that individuals cannot bypass the learning material and go straight to the test. Also should ensure that individuals spend a comparable amount of time completing a module as the accreditation awarded for the module, i.e. if a module is accredited for 2 hours, then the module should take an individual 2 hours to complete, inclusive of the test.

Live Webinar events

- Attach a copy of the power point presentation to accompany Webinar events.
- We will assume that there is technology in place to record and produce a report, to show the sign in/out times of each attendee. If a person does not sign in/out at the scheduled times, the person should not be awarded the certificate of completion for the said event.
- Click Next or number 5 at the top of the screen.

7. Confirm

Your application has now been submitted for review. We will contact you within 3 weeks with a decision. If you are experiencing difficulties with exporting the PDF file below. This could be caused by a firewall barrier. Please check with you IT provider to resolve this lesue

If you would like to amend your submission for your 'CPD Activity' please contact CPDAccreditation@iii.ie

Your reference number is: 20240704-1012-Insurance

Export PDF

Submit a CPD Activity for accreditation If you'd like to submit another activity for accreditation, simply click the button below to restart the process.

You will receive a confirmation that your event has been submitted correctly and will be given a reference number for the event. Please note that we do not currently accredit our events using accreditation numbers/codes. Members can locate a CPD event by simply selecting a provider name and a topic title.

8. Further Amendments

9. Record of Document Updates If you want to amend/add to any of the details already submitted for an event, please email **cpdaccreditations@iii.ie** with the topic title in the subject line. You can also send in additional attachments via this email. The Accreditations Manager will make the necessary changes to the record.

Date	Version Control
December 2024	S.Step by step guide for accreditation submissions v1.0