

APPLICATION FOR CERTIFICATION

YOUR NAME (Please Print):

Home Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

E-MAIL: _____

Fax Number: _____

Please print email plainly so it can be read easily

Insurance License # _____

Social Security # _____

Birthday Month: _____

Name of Your Company: _____

Company Address: _____ Suite#: _____

City: _____ State: _____ Zip: _____

Read Before Proceeding:

If You Are A Certified Financial Planner and are receiving hours **ONLY** for CFP renewal, you are finished with this form. If you are also seeking Continuing Ed Hours for the States of AL, GA, or MS, please continue and fill out the bottom half of this page.

If You Are An Insurance Agent Seeking Hours In The
States Of Alaska or Tennessee

This Form Is Complete And You Can Stop Here



The Bottom Half Of This Form **Is To Be Filled Out**
By Insurance Agents In The States Of
Alabama, Georgia, & Mississippi Only

AFFIDAVIT BY EXAM MONITOR OF EXAM COMPLETION

To Be Completed By a Competent Disinterested 3rd Party of Your Choice

Date Exam Was Taken: _____

Signature of Person Administering Exam

Print Name Here

A Center For Continuing Education

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