

CFP® Certification Examination Application Instructions

The completed application **must be received** in CFP Board's office on or before the deadline date. **Late applications will not be accepted under any circumstance** and will be returned.

Applications may be submitted by fax at 202-379-2299. Please do not send cover sheets. It is strongly recommended that faxes be followed by hardcopy and evidence of the fax (transmittal confirmation or activity report generated by fax machine) addressed to and received by CFP Board within five working days. **CFP Board will not take responsibility for incomplete fax transmittals.** Faxed applications with payment indicated by check will **not** be processed. The following constitutes a complete application:

- Application signed and dated
- Examination fee in full
- Appropriate qualifying documentation (e.g., transcript, certification, diploma or license)

Exam registration confirmation can be obtained in the following ways:

- Approximately one to two weeks following the receipt and acceptance of your CFP® Certification Examination application, CFP Board will send you written confirmation of your registration.
- Applicants who provide an e-mail address on their CFP® Certification Examination application will be sent an e-mail confirmation of registration within 24 hours of receipt and acceptance of their application.
- Registration confirmation can be accessed on CFP Board's Web site at www.CFP.net/login.
- Individuals may call 800-487-1497 to confirm registration.

Approximately two to three weeks before the exam you will be sent an admission ticket for the CFP® Certification Examination sessions showing the time that each session will begin and the CFP® Certification Examination location. **You must bring the admission ticket to the testing facility on both days.** You will not be admitted to the sessions without this ticket.

Neither CFP Board nor Prometric will be able to confirm the exact site location of the CFP® Certification Examination within a city until approximately 30 days prior to the date of the CFP® Certification Examination.

SECTION I: *Personal Data*

Please fill out all of the information in Section I. Use your legal name as on your government-issued photo ID. Please include your birthdate (month, day, year) as this data will be used to process and renew your CFP® certification once you have met all certification requirements. It is requested that you provide us with your Social Security number for purposes of background screenings.

SECTION II: *Exam Qualification*

Only individuals who have met CFP Board's educational coursework requirement as described in "The Education Requirement" section of this booklet are eligible to apply for the CFP® Certification Examination. Check only one of the boxes available in Section II of the exam application.

Retake: If you have been **accepted** to take a previous CFP® Certification Examination, check this box and do not submit any other documentation. Indicate the month and year of the first exam for which you were accepted. Enclose your fee, indicate your testing site in Section IV, sign the application form and send it to our office by the appropriate deadline.

CFP Board-Registered Program: If you have successfully completed a CFP Board-Registered Program, please indicate the name of the institution, name of the program and the date of completion in the appropriate spaces on the application.

You **must** attach a photocopy of the qualifying transcript, diploma, score report or a copy of a letter signed by the Program Director to the application form. **Do not** send this qualifying documentation separately. If documents are not attached, your application will be considered incomplete and will be returned to you. This may result in missing the application deadline.

Multiple CFP Board-Registered Programs: If you successfully completed individual courses at two or more CFP Board-Registered Programs, but have not completed, or had credits transferred to, any one entire program, you may apply for the exam under the Multiple CFP Board-Registered Program status if your studies covered all of the financial planning topics and if you have achieved the minimum 15 semester credits or the equivalent in the core topics. You **must** attach a photocopy of the qualifying transcripts. **Do not** send this qualifying documentation separately. If documents are not attached, your application will be considered incomplete and will be returned to you. This may result in missing the application deadline.

Challenge Status: Only those individuals who hold one of the pre-approved designations may qualify under the challenge status. Challenge status individuals **must** include a photocopy of the qualifying designation/credential/degree with the exam application. If the documentation is not attached, your application will be considered incomplete and will be returned to you. This may result in missing the application deadline.

CEBS: Individuals who hold the CEBS credential may complete two additional courses to satisfy CFP Board's education coursework requirement. You **must** include a copy of the CEBS designation and either a transcript or score report showing completion of the Personal Financial Planning I and II courses with the exam application. If the documentation is not attached, your application will be considered incomplete and will be returned to you. This may result in missing the application deadline.

Transcript Review: Only those individuals who have received a letter from CFP Board indicating that they have successfully completed CFP Board's educational coursework requirement via a Transcript Review process qualify to sit for the CFP® Certification Examination under this category. Attach the letter of authorization from CFP Board to the application.

International Reciprocity: Residents of territories affiliated with Financial Planning Standards Board, Ltd. (FPSB) who are currently authorized to use the CFP marks in that territory may apply for CFP® certification in the U.S. by (1) providing proof of current CFP certification status from the FPSB Affiliate in that country, (2) passing the first four-hour session of CFP Board's CFP® Certification Examination and (3) fulfilling all remaining initial certification requirements in place at the time you apply for CFP Board's CFP® Certification Examination. Please indicate the name of the affiliate territory and the certification number in the appropriate spaces on the application. Reciprocity individuals must attach a copy of their CFP certification to the application.

CERTIFIED FINANCIAL PLANNER
BOARD OF STANDARDS, INC.

SECTION III: Exam Date

Check only one date. Blank spaces or multiple checkmarks will result in your being registered for the next available exam cycle. The deadlines for submitting an application are as follows:

Exam Dates	Application Receipt Deadline (Applications must be received by 5:00 p.m. Eastern Time)
November 20-21, 2009	October 6, 2009
March 19-20, 2010	February 3, 2010

SECTION IV: Exam Site Codes

Transfer the four-character site code from this sheet to the site section on the application. The CFP® Certification Examination is administered only in the cities listed below. International sites can be established on a case-by-case basis for an additional \$1,495 test site fee.

AK50 Anchorage, AK	DC50 Wash. DC area	MA50 Boston, MA	NY50 New York, NY	TX50 Houston, TX
AL50 Birmingham, AL	FL50 Ft. Lauderdale, FL	MD50 Baltimore, MD	NY51 Buffalo, NY	TX51 Dallas, TX
AZ50 Phoenix, AZ	FL51 Tampa, FL	MI50 Detroit, MI	NY52 Albany, NY	TX52 San Antonio, TX
CA50 Oakland, CA	FL52 Jacksonville, FL	MN50 Minn/St. Paul, MN	NY53 Long Island, NY	UT50 Salt Lake City, UT
CA51 Irvine, CA	FL53 Orlando, FL	MO50 St. Louis, MO	OH50 Cincinnati, OH	VA50 Richmond, VA
CA52 San Diego, CA	GA50 Atlanta, GA	MO51 Kansas City, MO	OH51 Cleveland, OH	WA50 Seattle, WA
CA53 Los Angeles area, CA	HI50 Honolulu, HI	NC50 Charlotte, NC	OR50 Portland, OR	WI50 Milwaukee, WI
CA54 San Jose area, CA	IL50 Crystal Lake, IL	NC51 Raleigh, NC	PA50 Philadelphia, PA	International (city, country)
CO50 Denver, CO	IL51 Lisle area, IL	NH50 Manchester, NH	PA51 Pittsburgh, PA	
CT50 New Haven, CT	IN50 Indianapolis, IN	NJ50 Passaic, NJ	TN50 Nashville, TN	
	LA50 Hammond, LA	NJ51 Princeton, NJ	TN51 Memphis, TN	

SECTION V: Exam Fee

The exam fee (\$595) must accompany the application. Sign and date the application. Checks should be made payable to CFP Board. Returned checks will be assessed a \$25 return check fee and payment may be required via certified funds. Please do not staple your check to the application. If you choose to fax your application you must pay the exam fee by credit card. Applications faxed with payment indicated by check will not be processed.

WITHDRAWAL PROCEDURES:

If you are unable to take the exam once you have registered, you have the following options:

1. Withdraw from the exam and re-register for a later exam, paying a \$50 re-registration fee.
2. Withdraw from the exam and request a refund of the refundable portion of your exam fee (\$50 of the exam fee is non-refundable).

The refundable portion of your exam fee is the amount of the exam fee, less the \$50 non-refundable fee.

Exam Dates:	Application Deadline:	Notification of Withdrawal Must be Received by:
November 20-21, 2009	October 6, 2009	October 13, 2009
March 19-20, 2010	February 3, 2010	February 9, 2010

Requests for withdrawal or rescheduling received after 5:00 p.m. Eastern Time on the Notification of Withdrawal dates listed above will not be honored and the entire exam fee will be forfeited.

PRIVACY POLICY:

In certain instances, CFP Board may release lists of applicants for the CFP® Certification Examination to Review Course providers who agree to CFP Board's usage requirements. To opt out of such lists, send a request to mail@CFPBoard.org or by fax to 202-379-2299.

CFP® Certification Examination Application

SECTION I: Personal Data

Name: Mr. Mrs. Ms. Miss

E-mail: _____

Home address: _____

First name Middle initial Last name Suffix

Business name: _____

Business address: _____

Home telephone: _____

Preferred address (check only one): Business Home

Social Security #: _____

Business telephone: _____

Birth date: _____
Month Day Year

Business fax: _____

SECTION II: CFP® Certification Examination Qualification (check only one)

RETAKE: I have applied and been accepted for a previous CFP® Certification Examination on _____. No further documentation needs to be attached.
Month/Year

CFP BOARD-REGISTERED PROGRAM: I successfully completed a CFP Board-Registered Program. A copy of the qualifying transcript, diploma, score reports or letter is attached.

Name of school Program name Date completed

CHALLENGE STATUS: I am challenging the CFP® Certification Examination because I hold one of the following designations. A copy of qualifying transcript is attached.

CFA® ChFC CLU Ph.D.-business/economics/D.B.A.

Licensed CPA* _____
State license number State licensed in

Licensed attorney* _____
State license number State licensed in

*Inactive licenses will be accepted with a letter of good standing.

CEBS plus additional required courses: PFP-1 and PFP-2. A photocopy of the designation and transcript, score report or letter is attached.

TRANSCRIPT REVIEW: I have completed CFP Board's transcript review process. CFP Board letter of authorization is attached.

INTERNATIONAL RECIPROCITY: I currently hold CFP certification from an international affiliate of FPSB. A copy is attached.

International Affiliate Territory Certification no.

SECTION III: CFP® Certification Examination Date (check only one)

Applications must be received by 5 p.m. Eastern time.

Exam Date	Application Deadline	Withdrawal Deadline
<input type="radio"/> November 20-21, 2009	October 6, 2009	October 13, 2009
<input type="radio"/> March 19-20, 2010	February 3, 2010	February 9, 2010

SECTION IV: CFP® Certification Examination Site (see instructions for four-character exam site code)

Exam site code: _____ City, state: _____

Request for special arrangements:

I cannot take an exam on the specified dates for religious reasons; a letter from my religious leader is attached.

I will need special arrangements for a physical disability described in the attached letter from my physician.

SECTION V: CFP® Certification Examination Fee - \$595 (a \$25 service fee will apply to all returned checks)

Check (make check payable to CFP Board, do not staple check to application) Amount enclosed: _____ Check number: _____

Credit Card (check only one) MasterCard Visa American Express Credit card #: _____

Name (as it appears on credit card): _____ Expiration date: _____

I hereby affirm that I am over the age of eighteen and I authorize the investigation of all statements made by me to CFP Board including, but not limited to, those statements contained in this form. I understand that misrepresentation or omission of facts is cause for denial or revocation of the right to use the CFP®, CERTIFIED FINANCIAL PLANNER™ and CFP® certification marks, and that I may not use the marks until I receive official notification of my certification by CFP Board. CFP Board may obtain my educational records in order to verify the truthfulness and accuracy of my educational background and I hereby expressly authorize educational institutions (and authorized agents of such institutions) to release my educational records to CFP Board. I understand that educational records will include, without limitation, any record, file, document or other material which contains information directly related to me, which is maintained by the educational agency or institution or by a person acting for such agency or institution. To the extent any of the following information is not considered to be an educational record I further authorize educational institutions to release: my last name, the last four digits of my Social Security number and the date of my degree completion. In consideration for CFP Board's acceptance of this application I agree that neither CFP Board nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, and I hereby release CFP Board and the other persons identified above from any liability for such actions or omissions.

Signature: _____ Date: _____

I authorize CFP Board to release my pass/fail status to my Registered Program.

I do not wish my name to be released to review course providers.

