

## Policy Exception Request Form

CFP Board establishes and administers standards for financial planning professionals for the benefit of the public. CFP Board has established policies and requirements for CFP® certification and enforces those policies and requirements in a consistent manner. Exceptions to established policies and requirements are rarely granted. CFP Board will review only those policy exception requests that are submitted with this form.

### SECTION I: Personal Data

Name:  Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_  
*First name Middle initial Last name Suffix*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Initial Certification (if applicable): \_\_\_\_\_

### SECTION II: Policy Description

Identify the type of policy for which you request an exception:

- |  |  |
|--|--|
| <input type="radio"/> Education Requirement (including continuing education) | <input type="radio"/> Fee Policies           |
| <input type="radio"/> Bachelor's Degree Requirement                          | <input type="radio"/> Renewal Policies       |
| <input type="radio"/> Examination Requirement                                | <input type="radio"/> Reinstatement Policies |
| <input type="radio"/> Experience Requirement                                 | <input type="radio"/> Other                  |

Describe briefly the specific policy for which you request an exception:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION III: Exception Request

Describe briefly why you believe CFP Board should grant you an exception to the policy described above in Section II.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All documentation you wish CFP Board to consider with your request must be enclosed with this form. Please identify each enclosed document in the spaces below.

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |



**SECTION IV: Acknowledgement**

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 affirm that all statements and documentation supporting my request are true and accurate.

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.

I understand that CFP Board enforces the policies and requirements for CFP® certification in a consistent manner and grants exceptions to established policies and requirements only in the rarest of circumstances.

I understand that my request, including any documentation attached thereto, will be reviewed by CFP Board's Director of Examinations or Managing Director of Education and that CFP Board will mail a written determination letter via certified mail, postmarked no later than thirty days from the date my request is received at CFP Board.

I understand that I may choose to appeal the decision stated in the determination letter by submitting a written appeal to CFP Board's Policy Exception Committee, which is made up of CFP Board's Chief Executive Officer, Managing Director of Professional Review & Legal and Chief Operating Officer.

I understand that any appeal must be received at CFP Board no later than thirty days from my receipt of the determination letter.

I understand that the Policy Exception Committee meets four times each year, once per quarter, and that the Policy Exception Committee will review my appeal at its next scheduled meeting.

I understand that the decision of the Policy Exception Committee is final.

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: \_\_\_\_\_

**SECTION V: Submission Instructions**

Once you have completed the form and assembled all materials you wish to have considered with your policy exception request, fax or mail your request to CFP Board at:

CFP Board  
Attn: Policy Exception Committee  
1425 K Street, NW, Suite 500  
Washington, DC 20005

Fax: 202-379-2299

**PLEASE ALLOW 30 DAYS FOR A WRITTEN RESPONSE TO YOUR REQUEST**

<b>CFP Board Use Only</b>	
Date Received	Dept.
Evaluated by	Date