

WORK EXPERIENCE REPORTING FORM

SECTION I: PERSONAL DATA

Name	CFP Board ID Number
E-mail	Date of Passed CFP® Exam

SECTION II: CURRENT EMPLOYMENT (Please complete a new copy of this page for each qualifying position currently held)

Company Name	Position Title	
Street Address	Starting (mm/dd/yyyy) ____/____/____ to current.	
Suite/FI	City	How many hours per week do you spend engaged in personal financial planning services with individual clients (not businesses) and/or their finances? _____ hours per week (Do not include time spent marketing, prospecting, or on general administrative activities that do not relate to the personal financial planning process.)
State		
Website		

SECTION III: DESCRIPTION OF CURRENT POSITION

Please provide a brief description of your job duties in your own words on a separate sheet of paper. Include an explanation as to how your job duties apply to the personal financial planning process and how you delivered personal financial planning services to individual clients. For example, explain how and what you are planning, what types of data you are gathering from the clients, etc. If you find it helpful, feel free to include examples. Definitions are provided on page 3.

SECTION IV: VERIFICATION OF CURRENT EMPLOYMENT

If you are currently employed by the company listed above, please have your supervisor complete this section.

Supervisor's Name	Position Title
Supervisor's E-mail	Supervisor's Phone
Supervisor's Signature	Signature Date

If you are currently self-employed or providing *pro bono* (volunteer) services, please have a qualified individual who can attest to the nature of your business complete this section. Definition of qualified attester provided on page 3.

Attester's Name	Qualification(s)
Attester's E-mail	Attester's Phone
Attester's Signature	Signature Date

SECTION V: ACKNOWLEDGEMENT AND SIGNATURE

To the best of my knowledge, the facts contained herein and in all enclosed attachments and correspondences are accurate and complete. I authorize investigation of all 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® certification marks, and that I may not use the marks until I receive official notification of my certification by CFP Board. I understand and agree to the instructions and requirements explained on this form.

Name (please print)	
Signature	Date

SECTION VI(a): PREVIOUS EMPLOYMENT

Company Name		Position Title		
Street Address		Starting (mm/dd/yyyy) ____/____/____ Ending ____/____/____		
Suite/FI	City	How many hours per week did you spend engaged in personal financial planning services with individual clients (not businesses) and/or their finances? _____ hours per week (Do not include time spent marketing, prospecting, or on general administrative activities that do not relate to the personal financial planning process).		
State	Zip			Phone
Website				

SECTION VI(a): DESCRIPTION OF PREVIOUS POSITION

Please provide a detailed description of your job duties in your own words on a separate sheet of paper. Include an explanation as to how your job duties apply to the personal financial planning process and how you delivered personal financial planning services to individual clients. Definitions are provided on page 3.

SECTION VI(b): PREVIOUS EMPLOYMENT continued (Please complete a new copy of this page to report additional previous position(s))

Company Name		Position Title		
Street Address		Starting (mm/dd/yyyy) ____/____/____ Ending ____/____/____		
Suite/FI	City	How many hours per week did you spend engaged in personal financial planning services with individual clients (not businesses) and/or their finances? _____ hours per week (Do not include time spent marketing, prospecting, or on general administrative activities that do not relate to the personal financial planning process).		
State	Zip			Phone
Website				

SECTION VI(b): DESCRIPTION OF PREVIOUS POSITION

Please provide a detailed description of your job duties in your own words on a separate sheet of paper. Include an explanation as to how your job duties apply to the personal financial planning process and how you delivered personal financial planning services to individual clients. Definitions are provided on page 3.

SECTION VII: ACKNOWLEDGEMENT AND SIGNATURE

To the best of my knowledge, the facts contained herein and in all enclosed attachments and correspondences are accurate and complete. I authorize investigation of all 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® certification marks, and that I may not use the marks until I receive official notification of my certification by CFP Board. I understand and agree to the instructions and requirements explained on this form.

Name (please print)	CFP Board ID Number
Signature	Date

Please note that it may take up to 20 business days from the date CFP Board receives the form for the information to be entered into your records and processed. You will receive an e-mail notification from CFP Board when the form has been processed and/or if CFP Board has questions related to your form.

Due to the high volume of mail, we do not verify receipt of all submissions. Provide a postage-paid, self-addressed postcard if you wish for CFP Board to confirm receipt of your submission. Alternatively, use a delivery service which provides confirmation of delivery. We also ask that you refrain from contacting CFP Board to check the status of your application before 20 business days from the time we receive your submission.

Qualifying Work Experience:

Must fit within at least one of the six primary elements of the personal financial planning process:*

1. Establishing and defining the relationship with the client
2. Gathering client data
3. Analyzing and evaluating the client's financial status
4. Developing and presenting the financial planning recommendations
5. Implementing the financial planning recommendations
6. Monitoring the financial planning recommendations

*See www.CFP.net/become/work.asp for complete definitions.

Must be satisfied in any combination of four ways:

Personal Delivery to the Client: "Client denotes a person who engages a practitioner and for whom professional services are rendered."

Supervision: "All levels of supervision are acceptable if the chain of supervision eventually leads back to the planner."

Direct Support: "Must be directly responsible for information that is provided to the planner/client and have reasonable accountability for the client."

Teaching: Limited to instruction of CFP Board accepted topics in a CFP Board-Registered Program and teaching finance-related classes (for college credit) full-time at a university that does not have a CFP Board-Registered Program (up to two years of experience credit only).

Time spent in corporate finance, working on blanket financial plans, training, practice management, marketing, software development or general administrative activities that do not relate to the personal financial planning process for individuals must be deducted from the hours per week reported.

Work Experience Calculation:

- One year of experience is considered to be 2,000 hours.
- Part-time experience is calculated on a pro-rata basis (e.g. an applicant who worked ½ time would need to submit six years of experience to meet the standard three-year requirement.)
- Eligible experience must be gained within ten years prior to the date you passed the CFP® examination or up to five years after that date.
- At least six months of the experience must be gained during the twelve months immediately preceding your submission of work experience to CFP Board.

Reporting Internships/FPA Residency Program:

- Personal financial planning internships completed at a CFP Board-Registered Program: please include a copy of a transcript showing successful completion of the internship.
- Personal financial planning internships completed outside a CFP Board-Registered Program: please report as regular work experience in either Section II or VI of the form.
- FPA or NAPFA Residency Programs: please include a copy of your certificate of completion.

Qualified Attester: A qualified attester is an individual with one of more of the following qualifications who can vouch for the information you provided to CFP Board regarding your experience: CFP® professional, CPA, Attorney, ChFC, CLU, CFA®, Ph.D. (business or economics)* or D.B.A.*

* Degree must be from an accredited U.S. college or university.

Degree Requirement:

- A bachelor's degree (or higher), or its equivalent, in any discipline, from an accredited college or university is required to attain CFP® certification. An "accredited college or university" is one that has been accredited by an accreditation body recognized by the U.S. Department of Education ("DOE") at the time the degree was obtained. To confirm a school's accreditation please visit <http://ope.ed.gov/accreditation/Search.aspx>.
- International degrees may be substituted for a U.S. undergraduate degree if they receive equivalency from a third-party evaluation agency which is a member of National Association of Credential Evaluation Services (NACES) www.NACES.org. Applicants should request a document-by-document evaluation from a member association and submit the original evaluation letter to CFP Board.

Name Change/Maiden Name on Transcript:

CFP Board verifies the identification of the degree holder by comparing the student information provided on the transcript with the information in the individual's CFP Board account. If the name listed on your transcript does not match the name in our records and no date of birth or social security number is available, you will need to submit a copy of legal documentation (e.g., marriage certificate) which verifies your name change.