

## Work Experience Reporting Form

Please update any incorrect information and provide any missing information.

### SECTION I: Personal Data

Name: \_\_\_\_\_

CFP Board ID number: \_\_\_\_\_

Business name: \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Preferred address (check one): Business  Home

Business fax: \_\_\_\_\_

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

### SECTION II: Educational History

Select the highest degree you hold (check one):

No Degree  Associate  Bachelors  Masters  Juris Doctor  Doctorate

Name of school: \_\_\_\_\_ Date degree conferred: \_\_\_\_\_

You must attach an official transcript from the granting institution at which you earned your highest degree.

### SECTION III: Current Employment and Verification

List current employment first. If not currently employed, fill in the "previous employment" sections on the back of this form.

#### Current employment

Start date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Company telephone: \_\_\_\_\_

Company address: \_\_\_\_\_

Work experience codes (check all that apply):

- 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 recommendations

Verification (check only one):

I am currently employed by the company listed above. Following is my supervisor's contact information:

Supervisor's name: \_\_\_\_\_ Supervisor's signature: \_\_\_\_\_

Supervisor's telephone: \_\_\_\_\_ Supervisor's e-mail: \_\_\_\_\_

I am currently self-employed. The following individual can attest to the nature of my business:

Attester's name: \_\_\_\_\_ Attester's signature: \_\_\_\_\_

Attester's telephone: \_\_\_\_\_ Attester's e-mail: \_\_\_\_\_

Qualification of attester (check one):

CFP® certificant  CPA  Attorney

...continued on back



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## SECTION IV: Work Experience History

Please list previous work experience ranging from up to 10 years before or up to five years after the date of the CFP® exam you passed.

### Previous employment

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Company telephone: \_\_\_\_\_

Company address: \_\_\_\_\_

Work experience codes (check all that apply):

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- 5 Implementing the financial planning recommendations
- 6 Monitoring recommendations

### Previous employment

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Company telephone: \_\_\_\_\_

Company address: \_\_\_\_\_

Work experience codes (check all that apply):

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### Previous employment

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Company telephone: \_\_\_\_\_

Company address: \_\_\_\_\_

Work experience codes (check all that apply):

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## SECTION V: Residency Program and Internships

Check all that apply. Attach certificate of residency program completion and/or a copy of the transcript showing the internship.


I have completed an FPA residency program. Date Completed: \_\_\_\_\_

I have completed a personal financial planning internship at a CFP Board-Registered Program.

Institution name: \_\_\_\_\_ Course number: \_\_\_\_\_

Date completed: \_\_\_\_\_ Credits awarded: \_\_\_\_\_

## SECTION VI: Acknowledgement and Signature

To the best of my knowledge, the facts contained herein 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®, CERTIFIED FINANCIAL PLANNER™ and  certification marks, and that I may not use the marks until I receive official notification of my certification by CFP Board.

Name (please print): \_\_\_\_\_ CFP Board ID#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Certified Financial Planner Board of Standards Inc. owns these certification marks in the U.S., which it awards to individuals who successfully complete CFP Board's initial and ongoing certification requirements.