

CFP BOARD REMOTE TESTING APPLICATION

SECTION I: APPLICANT INFORMATION

Name:

CFP Board ID:

Exam Window:

Application Date:

SECTION II: ELIGIBILITY CRITERIA FOR REMOTE TESTING

Select at least one of the eligibility criteria that qualifies you for remote testing.

 I or someone in my home is at high risk for COVID-19. I live more than 50 miles from the closest Prometric Test Center.

Address:

Zip:

Closest Prometric Test Centers:

SECTION III: CONFIRMATION

I hereby confirm that all the information provided in this remote testing application form is accurate.

Please note that if the information is found to be false, your exam result could be invalidated.

Personal information provided on this form will be treated according to [CFP Board's Privacy Policy](#)

Email completed application form to examinations@cfpboard.org.