

APPLICATION FOR CERTIFICATION

YOUR NAME (Please Print): _____

YOUR NAME (Please Sign): _____

Home Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-MAIL: _____

Cell Number: _____

Please print email plain so it can be read easily

Fax Number: _____

Insurance License # _____ CFP# _____

Social Security: #000-00- _____ (**last four digits**)

Birth Month: _____

Name of Your Company: _____

Company Address: _____ Suite#: _____

City: _____ State: _____ Zip: _____

Read Before Proceeding:

If You Are A Certified Financial Planner and are receiving hours **ONLY** for CFP renewal, you are finished with this form. If you are also seeking Continuing Ed Hours for the States of AL, GA, or MS, please continue and fill out the bottom half of this page.

**If You Are An Insurance Agent Seeking Hours In The
State Of Tennessee**

This Form Is Complete And You Can Stop Here



The Bottom Half Of This Form **Is To Be Filled Out**
By Insurance Agents In The States Of
Alabama, Georgia, & Mississippi Only

AFFIDAVIT BY EXAM MONITOR OF EXAM COMPLETION

To Be Completed By a Competent Disinterested 3rd Party of Your Choice

Date Exam Was Taken: _____

Signature of Person Administering Exam

Print Name Here

A Center For Continuing Education

707 Whitlock Avenue SW • C-27 • Marietta, Georgia 30064

Phone: 770.702.7917 • Toll 800.344.1921 • Fax 770.702.7914 • www.acceducation.com