



Request for State Insurance Continuing Education Credit

Follow these directions completely to avoid a delay in processing your request.
 Within the **same week** that you complete the exam, mail, e-mail or fax the following:

- This completed request form.
- A copy of your grade report (go to www.cffp.edu and login. Select the course>Course Details>Score Report.)
- A check or credit card for the processing fee.
- Signed affidavit form if requesting CE for NY or AR.

Failure to include the above documents will result in the rejection of your request for CE credit. **Please allow 2 weeks for processing.**

Please type or print clearly

Name: _____ Student ID #: _____
 Address: _____ Business Name: _____
 City, State, Zip : _____ Day time phone: _____
 E-mail: _____
Certificate(s) will be e-mailed to this address

College program(s) for which you are seeking CE credit:

- AAMS[®]
- ADPA[®]
- APMA[®]
- AWMA[®]
- CMFC[®]
- CRPC[®]
- CRPS[®]
- FPQP[®]
- LUTCF 1
- LUTCF 2
- LUTCF 3
- CFP 1
- CFP 2
- CFP 3
- CFP 4
- CFP 5

Date you completed the course _____

State of Licensure: _____ Insurance License # _____ National Producer# (NPN) _____ Last 4 digits of SSN: _____
(provide all the following)

Arkansas — A state-specific [affidavit](#) signed by you and the proctor must accompany this request.

New York — A state-specific [affidavit](#) signed by you and the proctor must accompany this request.

Fee: \$45

A processing fee is assessed for requests for state insurance CE credit submitted to the College after the course is completed.

Credit Card Number (MasterCard, VISA, American Express, Discover)	Expiration Date	Name on the Card
Check Number	\$ _____	Amount

Make checks payable to The College for Financial Planning

I understand it is my responsibility to understand and comply with my state insurance department's rules, requirements and procedures including, but not limited to, proctor and affidavit requirements. I agree the College will not be held responsible for an insurance department's denial of CE credit or the College's inability to report the CE credit on my behalf because of my non-compliance with the agency's and/or the College's rules, requirements and procedures. I agree to pay any late fees imposed by the state if applicable.

Student Signature _____ **Date** _____

Send to:
 College for Financial Planning
 P.O. Box 912105
 Denver, CO 80291 Fax: 303-220-1810

If you have questions, please call
 800-237-9990 option 2 or e-mail
ce.compliance@cffp.edu.