NFDA NATIONAL FUNERAL DIRECTORS ASSOCIATION

13625 Bishop's Drive
Brookfield, WI 53005
Phone 800-228-6332
Fax 262-789-6977
www.nfda.org

NFDA Staff Use ONLY

Approved by: _____ Date: _____

Manual Shipped to: WK HM Date Shipped: _____

CPC Application

Pre-Convention ▪ NFDA Convention & Expo **Certified Preplanning Consultant Seminar & Exam** **October 6-7, 2012 ▪ Charlotte, NC** ***Please make your own travel & hotel arrangements***	*U.S. Dollars on U.S. Bank* **$395 NFDA Member or Eligible Non-Funeral Director** **$540 Nonmember Licensed Funeral Director**

Entire application must be completed for processing. Please type or print.

Name (+ CFSP if applicable) *As name should appear on CPC certificate*			
Position Title			
Firm Name			
Firm Address			
Firm City/State/Zip			
FD License #/s & States		**Firm Telephone**	
CFSP number if applies		**Fax**	
Insurance License #/s & States		**Email**	

Credit Card #:	**Payment by Check: #**
☐AM EX ☐MasterCard ☐VISA ☐Discover	**Total Fee Submitted: $**
Credit Card Expiration Date:	**Name on Credit Card:**
Signature	
Send CPC Manual & correspondence to (check one):	☐ **Work** ☐ **Home Address (see page 2)**
Certification renewable every 4 years; 6 hours per year of educational and approved related activities to equal the 24 hours for renewal.	

1. Eligibility Requirements. Minimum age 18 years. Check appropriate box below for CPC or Associate CPC.

☐ **CPC.** Actively involved in direct advance selling of funeral goods and services to the public for complete funerals as permitted by state law. *Funeral directors:* no employment minimum in field. *Non-funeral directors:* verifiable 12-month minimum employment in field prior to date of application.	☐ **Associate CPC**. Does not sell funerals to the public. Actively involved in the funeral preplanning field as supervisor, manager, instructor, or other type of preplanning-related position. Verifiable 12-month minimum employment in the preplanning field prior to date of application.

2. Eligibility verification by immediate supervisor or by applicant if applicant is firm owner.

a. Applicant start date with firm:		
b. Applicant current title:		
c. Applicant meets state statutory criteria to sell preneed funeral goods and services.	☐ Yes (CPC)	☐ No (Associate CPC)
d. Applicant is a minimum of 18 years of age.	☐ Yes	

As immediate supervisor of the applicant named above, I verify for purposes of the CPC certification program that applicant is a current employee of this firm and attest to the accuracy of items **2 (a) through (d)** above. Supervisor please complete items **2 (e) through (g)** below.
Note If you as the applicant named above are the firm owner, sign here and go directly to Section #3 below.

Applicant/Owner Signature _____ Date _____

e. PRINT supervisor's name and title:	
f. PRINT name of firm:	
g. Supervisor's Signature:	Date:

3. Education. List schools, locations & dates of completion; certificates or degrees earned; related training.

Post-Secondary Education:
Certificate or Degree:
Related Training:

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4. Type of Business. Check all that describe the firm where you are employed.

- ☐ Independent funeral home
- ☐ Independent cooperative funeral home
- ☐ Publicly-traded corporate funeral home
- ☐ Independent FH with cemetery/mortuary
- ☐ Publicly-traded FH with cemetery/mortuary
- ☐ Other (specify): _____
- ☐ Supplier of insurance product
- ☐ Supplier of trust product

5. Personal Data. Provide non-business address information.

Home Address			
City/State/Zip			
Home Phone		Home FAX	
Home Email			

6. Professional Background. Provide an overview, <u>with dates</u>, of past and current advance planning responsibilities. Include current and previous related employment. *Use additional page if necessary for #6 & #7.*

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7. Reasons for Applying. Provide brief explanation of reasons for applying to the CPC certification program.

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_____

8. CPC Code of Ethics. Intent to comply with CPC Code of Ethics required. Read and sign below to signify intent.

Service to Families

- I will treat the information shared with me during the preplanning interview with confidentiality and integrity.
- I will offer my services to all without regard to religion, race, color, national origin, sex, sexual orientation or disability.
- I will at all times maintain the standards and obligations of the funeral home that I represent.
- I will provide my client with detailed price lists of services and merchandise before he or she selects services or merchandise, and at the conclusion of the funeral arrangement conference will provide a written statement listing all of the services and merchandise that have been purchased.
- I will properly account for and remit any monies, documents or personal property belonging to others that come into my possession.
- I will answer any questions the client may have pertaining to the preneed agreement, including any guarantees and representations, and will attempt to resolve any problems efficiently and fairly and with due consideration given to the views and concerns of the client.

Obligations to the Public

- I will make no representation, written or oral, that may be false or misleading or that is likely to defraud or deceive the public.
- I will abide by the provisions of the *NFDA CPC Statement of Use* regarding the appropriate and responsible use of the CPC designation.
- I will continue my professional education in this field.
- I further pledge to conduct myself at all times in a manner that deserves the public trust.

Obligations to the Government

- I will continue to hold all necessary licenses to engage in providing preneed services and products in the state or states in which I practice.
- I will maintain my accountability to the client by complying with all applicable state and federal regulations and standards governing funeral preplanning, trust and insurance funding for funerals, and consumer protection.

9. Submission Instructions. I have read and pledge to comply with the CPC Code of Ethics above and I attest that all information on or attached to this CPC Application is true and verifiable. I understand that the CPC designation is renewable every four years, that I must meet renewal requirements, and that a fee is required.

Applicant Signature_____ **Date**_____

MAIL or FAX completed application + fee (US $; credit card # if faxed) to: NFDA CPC PROGRAM, 13625 Bishop's Drive, Brookfield, WI 53005-6607. Fax 1-262-789-6977 (if faxed, please also mail original). Please retain a copy.

If you require special services, call a Member Services Representative at 800-228-6332.

Cancellation. Cancellation must be in writing and is subject to a $50 cancellation fee OR application fee may be applied to another CPC option. Substitutions permitted for pre-approved candidates only. NFDA reserves the right to cancel a program due to circumstances beyond its control. Should circumstances arise that result in the cancellation of a seminar, candidates will have the option to either receive a full refund or transfer to another CPC option. NFDA's liability for any cancellation is limited to a refund of the CPC application fee and shall not extend to any other claims including, but not limited to, travel expenses, cancellation fees, lost wages, inconvenience, and other related costs.