

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



Related Training:

Pre-Convention • NFDA Convention & Expo Certified Preplanning Consultant Seminar & Exam October 19-20, 2013 • Austin Convention Center

Please make your own travel & hotel arrangements

Recommended deadline 9/28/13.			
Semin	ar Fee	U.S. Dollars on U.S. Bank	
\$395		lember or Non-Funeral Director	
\$540		nber Licensed Director	

Entire application must be completed	for processii	ng. Please type o	r print.		
Name (+ CFSP if applicable) As name should appear on CPC certificate					
Position Title					
Firm Name					
Firm Address					
Firm City/State/Zip				1	
FD License #/s & States				Firm Telephone	
CFSP number if applies				Fax	
Insurance License #/s & States		1	Email		
Credit Card #:		Payment by Check: #			
□AM EX □MasterCard □VISA □Disco	ver	Total Fee Submitted: \$			
Credit Card Expiration Date:		Name on Credit (Card:		
Signature		T			
Send CPC Manual & correspondence to (c	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. Active involved in the funeral preplanning field as supervisor, manage instructor, or other type of preplanning-related position. Verifiable 12-month minimum employment in the preplanning field prior to date of application.			ning field as supervisor, manager, lanning-related position. Verifiable		
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.					
d. Applicant is a minimum of 18 years of age. 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:		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	Ť
Certificate or Degree:					

NFDA Certified Prepianning Consultant App	Page 2 of 2			
4. Type of Business. Check all that des□ Independent funeral home	scribe the firm where you		☐ Supplier of insurance product	
☐ Independent cooperative funeral home	☐ Publicly-traded FH w	rith cemetery/mortuary	☐ Supplier of trust product	
□ Publicly-traded corporate funeral home □ Other (specify):				
5. Personal Data. Provide non-busines	s address information.			
Home Address	o addition into interest			
City/State/Zip				
Home Phone		Home FAX		
Home Email				
6. Professional Background. Provide a	n overview, with dates,	of past and current advan	ce planning responsibilities.	
Include current and previous related	employment. Use addition	onal page if necessary for #	6 & #/.	
7. Reasons for Applying. Provide brief	explanation of reasons f	or applying to the CPC co	ertification program.	
8. CPC Code of Ethics. Intent to comply	y with CPC Code of Ethic	cs required. Read and sig	n below to signify intent.	
Service to Families I will treat the information shared with me durir interview with confidentiality and integrity. I will offer my services to all without regard to rnational origin, sex, sexual orientation or disable. I will at all times maintain the standards and obhome that I represent. I will provide my client with detailed price lists of	religion, race, color, oility. oligations of the funeral	 I will make no represe misleading or that is lil I will abide by the prov regarding the appropri I will continue my profe 	Dbligations to the Public Intation, written or oral, that may be false or kely to defraud or deceive the public. It is is one of the NFDA CPC Statement of Use ate and responsible use of the CPC designational education in this field. It is a manner that	
merchandise before he or she selects services the conclusion of the funeral arrangement conwritten statement listing all of the services and	s or merchandise, and at ference will provide a	Obli	gations to the Government all necessary licenses to engage in providing	

- 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,
- 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

	and will attempt to resolve any problems efficiently and fairly and with corduce consideration given to the views and concerns of the client.	sumer protection.		
9.	 Submission Instructions. I have read and pledge to comply with information on or attached to this CPC Application is true and verifia every four years, that I must meet renewal requirements, and that a fe 	ble. I understand that the CPC designation is renewable		
App	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 yo	If you require special services, call a Member Services Representative at 800-228-6	332.		
	Cancellation. Cancellation must be in writing and is subject to a \$50 cancellation	'''		

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.