

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

Approved by:	roved by:		Date:
Manual Shipped to:	WK	НМ	Date Shipped:

CPC Application

NFDA Staff Use ONLY



Certified Preplanning Consultant Seminar & Exam August 22-24, 2012 • Wethersfield, CT Host: D'Esopo Funeral Chapel

Seminar Location: D'Esopo-Pratt Resource Center 109 Main Street, Wethersfield, CT Seminar Fee U.S. Dollars on U.S. Bank

\$425 NFDA Member or

Eligible Non-Funeral Director

\$625 Eligible Nonmember Funeral Director

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Entire application must be completed	for processir	ng. Please type o	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 #	Credit Card #		Payment by Check #			
□AM EX □MasterCard □VISA □Disco	□AM EX □MasterCard □VISA □Discover		Total Fee Submitted \$			
Credit Card Expiration Date:		Name on Credit Card				
Signature						
Send CPC Manual & correspondence to (c	check one):	□ Work	☐ Home	Address (see page 2)		
Certification renewable every 4 years; 6 he	ours per year o	of educational and	approved re	lated activities to equal t	he 24 hours for renewal.	
1. Eligibility Requirements. Minimum CPC. Actively involved in direct advance the public for complete funerals as permitted Funeral directors: no employment minimum i Non-funeral directors: verifiable 12-month mi of application.	al goods and service	involved in the funeral preplanning field as supervisor, manager, instructor, or other type of preplanning-related position. Verifiable				
2. Eligibility Verification. By immedia	ite superviso	r or by applican	t if applican	t is firm owner.		
a. Applicant start date with firm						
b. Applicant current title						
c. Applicant meets state statutory criteria to sell preneed for		uneral goods and s	ervices.	☐ Yes (CPC)	☐ No (Associate CPC)	
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				Da	ate	
3. Education. List schools, locations & dates of completion; certificates or degrees earned; related training.						
Post-Secondary Education						
Certificate or Degree				<u> </u>		

Related Training

Type of Business. Check all that detectionIndependent funeral home	☐ Independent FH with cemetery/mortuary	☐ Supplier of insurance product	
☐ Independent cooperative funeral home	☐ Publicly-traded FH with cemetery/mortuary	☐ Supplier of trust product	
☐ Publicly-traded corporate funeral home	☐ Other (specify):		
. Personal Data. Provide non-busines	ss address information.		
Home Address			
City/State/Zip			
Home Phone	Home FAX		
Home Email	,		
	n overview, <u>with dates</u> , of past and current adva I employment. Use additional page if necessary fo		
Include current and previous related	d employment. Use additional page if necessary fo	r #6 & #7.	
Include current and previous related		r #6 & #7.	
Include current and previous related	d employment. Use additional page if necessary fo	r #6 & #7.	
Include current and previous related	d employment. Use additional page if necessary fo	r #6 & #7.	
Include current and previous related 7. Reasons for Applying. Provide brief	d employment. Use additional page if necessary fo	certification program.	

- 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

to, travel expenses, cancellation fees, lost wages, inconvenience, and other related costs.

- 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 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. 	 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. 					
 Submission Instructions. I have read and pledge to comply information on or attached to this CPC Application is true a every four years, that I must meet renewal requirements, an 	nd verifiable. I understand that the CPC designation is renewable					
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 cancellated Substitutions permitted for pre-approved candidates only. NFDA reserves the circumstances arise that result in the cancellation of a seminar, candidates we option. NFDA's liability for any cancellation is limited to a refund of the CPC at	e right to cancel a program due to circumstances beyond its control. Should					