

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

| Approved by: | | | Date: |
|--------------------|----|----|---------------|
| Manual Shipped to: | WK | НМ | Date Shipped: |

CPC Application

NFDA Staff Use ONLY



Post-Secondary Education
Certificate or Degree
Related Training

Certified Preplanning Consultant Seminar & Exam February 27-28, 2013 • St. Louis, Missouri

St. Louis Airport Marriott, 10700 Pear Tree Lane Host: Missouri Funeral Directors & Embalmers Assoc. \$350 Special fee for MFDEA Members!
\$375 Special fee for NFDA Members
or Eligible Non-Funeral Director

| | | | 3343 Eligible No | ninember Funeral Director | | |
|---|--|--|---|--|--|--|
| for processin | ng. Please type o | or print. Red | commended application | on deadline February 8, 2013. | | |
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| | | | Firm Telephone | | | |
| CFSP number if applies | | | Fax | | | |
| Insurance License #/s & States | | Email | | | | |
| Credit Card # | | ck # | | | | |
| □AM EX □MasterCard □VISA □Discover | | Total Fee Submitted \$ | | | | |
| Credit Card Expiration Date: | | Name on Credit Card | | | | |
| | | | | | | |
| heck one): | □Work | ☐ Home | Address (see page 2) | | | |
| ours per year | of educational and | approved re | lated activities to equal | the 24 hours for renewal. | | |
| a 40 | a Chaole annuan | ulata bay ba | alaw fan CDC an Assau | oioto CDC | | |
| ☐ CPC. Actively involved in direct advance selling of funer the public for complete funerals as permitted by state law. Funeral directors: no employment minimum in field. Non-funeral directors: verifiable 12-month minimum employs of application. | | | I goods and services to Associate CPC. Does not sell funerals to the public. Activinvolved in the funeral preplanning field as supervisor, managinstructor, or other type of preplanning-related position. Verifia | | | |
| te superviso | or or by applicant | t if applican | t is firm owner. | | | |
| - | | | | | | |
| | | | | | | |
| c. Applicant meets state statutory criteria to sell preneed fu | | | ☐ Yes (CPC) | □ No (Associate CPC) | | |
| | | the ODO earth | □ Yes | and the annual annual and the | | |
| through (d) ab | ove. Supervisor ple | ase complete | items 2 (e) through (g) be | | | |
| Applicant/Owner Signature | | | | Date | | |
| | | | | | | |
| | | | | | | |
| | | | D | Pate | | |
| & dates of c | ompletion; certif | icates or de | egrees earned; related | d training. | | |
| | ver check one): ours per year selling of fune by state law. In field. Inimum employ te superviso o sell preneed fi ge. Ined above, I ve through (d) ab te the firm owne | Payment by Che ver Total Fee Submi Name on Credit Check one): | Payment by Check # Ver Total Fee Submitted \$ Name on Credit Card Check one): | Firm Telephone Fax Email Payment by Check # ver Total Fee Submitted \$ Name on Credit Card Page 18 years. Check appropriate box below for CPC or Asso selling of funeral goods and services to by state law. In field. In immum employment in field prior to date the supervisor or by applicant if applicant is firm owner. Description of the supervisor of the CPC certification program that applitationagh (d) above. Supervisor please complete items 2 (e) through (g) be the firm owner, sign here and go directly to Section #3 below. | | |

| I. Type of Business. Check all that des | scribe the firm where you are employed. ☐ 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. | |
| City/State/Zip | | |
| Home Phone | Home FAX | |
| Home Email | | |
| . Professional Background. Provide a Include current and previous related | n overview, <u>with dates,</u> of past and current advand lemployment. Use additional page if necessary for # | ce planning responsibilities. #6 & #7. |
| . Professional Background. Provide a Include current and previous related | n overview, <u>with dates</u> , of past and current advan I employment. Use additional page if necessary for # | ce planning responsibilities. #6 & #7. |
| . Professional Background. Provide a Include current and previous related | n overview, <u>with dates</u> , of past and current advan lemployment. Use additional page if necessary for ‡ | ce planning responsibilities. #6 & #7. |
| Include current and previous related | n overview, with dates, of past and current advange of employment. Use additional page if necessary for # | #6 & #7. |
| Include current and previous related | l employment. Use additional page if necessary for # | #6 & #7. |
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| Include current and previous related | l employment. Use additional page if necessary for # | #6 & #7. |

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

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

| 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. | 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. |
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| every four years, that I must meet renewal requirements, and | d verifiable. I understand that the CPC designation is renewable that a fee is required. |
| Applicant Signature | Date |
| MAIL or FAX completed application + fee (US \$; credit card # if faxed) to: Fax 1-262-789-6977 (if faxed, please also mail original). Please retain a co | NFDA CPC PROGRAM, 13625 Bishop's Drive, Brookfield, WI 53005-6607. |
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| If you require special services, call a Member Services Representative at | ' |