



The FSCP Designation **Application**

FOR PERSONS WHO COMPLETED FSCP

Applicant: Information provided on this form must be verified by a seal from your local Association. Please allow 15 weeks for processing. Please type or print legibly. The name on the diploma will be printed as requested on this application. **This application should be submitted only upon successful completion of the FA Courses (2 EU's each), the FA 290 Ethics and the FP 99 Course & Examination.**

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Office Phone: _____ Office Fax: _____

CARAIFA ID #: _____ Date of Birth: (D/M/Y) _____ E-mail Address: _____

Type legal name for engrossing on diploma: (First, Middle, Last) _____

IMPORTANT: CARAIFA/Local Association dues must be paid in the year of conferment in order to qualify for FSCP.

I belong to the following Association _____

A. I have successfully completed the following FA courses (2 EU'S EACH) in the years indicated:

	YEAR
(FA 201) Techniques for Exploring Personal Markets	_____
(FA 202) Techniques for Meeting Client Needs	_____
(FA 251) Essentials of Business Insurance	_____
(FA 257) Essentials of Life Insurance Products	_____
(FA 261) Foundations of Retirement Planning	_____
(FA 271) Foundations of Estate Planning	_____

B. I have completed and passed the examination for: FA 290 Ethics for the Financial Services Professional;

Please provide the following information regarding your completion of the ethics course requirement.

If by seminar, name of moderator: _____ Date: _____ Location: _____

If by self study, name of proctor: _____ Date: _____ Location: _____

C. I have completed and passed the examination for: FP 99 FSCP Certification Course & Exam;

Please provide the following information regarding your completion of the certification exam requirement.

Name of moderator: _____ Location of exam sitting: _____

Date _____

D. Please add my name to the FSCP Online Directory after my application has been approved. Yes No

E. Please contact me regarding Moderator opportunities. Yes No

To the best of my knowledge and belief, the statements made on this application are true and correct. In consideration of the award of the designation to me, I acknowledge and agree that CARAIFA and The American College shall jointly have the authority to (1) establish and from time to time change the conditions under which the designation is to be awarded and used, and (2) suspend, revoke, or modify in writing my privilege to use the designation **for good cause**, of which they shall be the sole and final judge. I further agree that in addition to my local Association's records, a decisive factor in the determination of my eligibility for the designation shall be the official records of CARAIFA. I also promise that I will not use the designation except as authorized pursuant to this agreement.

Signature _____

Date _____