



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Manual Shipped to: WK HM Date Shipped: \_\_\_\_\_

Certified Preplanning Consultant Program™

NFDA | 13625 Bishop's Drive | Brookfield, WI 53005 | 800.228.6332 | email [nfda@nfda.org](mailto:nfda@nfda.org)

<p style="margin: 0;"><b>Certified Preplanning Consultant Program</b>  <b>Self-Study Application</b>  <b>CPC coursework and exam must be completed within 6 months of enrollment.</b></p>	<p><b>Special Pricing-FuneralWise</b>  <b>\$395</b>  <i>U.S. Dollars on U.S. Bank</i></p>
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**Entire application must be completed for processing. Please type or print.**

Name (+ CFSP if applicable) <i>As name should appear on certificate</i>			
Position Title			
Firm Name			
Firm Address			
Firm City, State, Zip/Postal Code			Country
FD License Number/s and State/s	CFSP # if applicable		Firm Phone
Insurance License Number and State/s			Fax
Email			
Credit Card Number:		Payment by Check Number:	
<input type="checkbox"/> AM EX <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover		Total Fee Submitted: \$	
Credit Card Expiration Date:	CVV	Name on Credit Card:	
Signature			
Send CPC Manual & correspondence to (check one):		<input type="checkbox"/> Work <input type="checkbox"/> 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.			

The Applicant warrants to NFDA as follows and acknowledges that NFDA is relying upon the truth and accuracy of each such warranty.

**1. Eligibility Requirements. Minimum age 18 years..**

<input type="checkbox"/> <b>CPC. Funeral Director Applicant:</b> Actively involved in direct advance selling of funeral goods and services to the public for complete funerals as permitted by and in compliance with state or province law. <b>Non-funeral Director Applicant:</b> Verifiable 12-month minimum employment in field prior to date of application; meets requirements and is in compliance with state or province law to sell funeral goods and services to the public. NOTE: <i>It is every applicant's responsibility to be aware of and to ensure all state or province licensure and any continuing education criteria are met.</i>	
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**2. Eligibility Verification. By immediate supervisor or by applicant if applicant is firm owner.**

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 truth and accuracy of items <b>a-f below</b> . <b>Note</b> If you as the applicant named above are the firm owner, complete <b>a-f below</b> , sign, and then go directly to Section 3 below.	
a. Applicant start date with firm:	
b. Applicant current title:	
c. Applicant meets statutory criteria to sell preneed funeral goods and services to public.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Applicant is a minimum of 18 years of age.	<input type="checkbox"/> Yes
e. PRINT supervisor's name and title:	
f. PRINT name of firm:	
Supervisor Signature:	Date:
<b>OR</b> Applicant/Owner Signature:	Date:

**3. Education. List schools, locations & dates of completion.**

Post-Secondary Education
Certificate or Degree
Related Training

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Independent funeral home               | <input type="checkbox"/> Owns/operates cemetery  | <input type="checkbox"/> Supplier of insurance product |
| <input type="checkbox"/> Independent cooperative funeral home   | <input type="checkbox"/> Owns/operates crematory | <input type="checkbox"/> Supplier of trust product     |
| <input type="checkbox"/> Publicly-traded corporate funeral home | <input type="checkbox"/> Other (specify): _____  |  |

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

Home Address			
City   Province   Postal Code			
Home Phone		Home Email	

**6. Professional Overview. Describe your current preplanning/preneed job responsibilities. Note previous experience and positions in the field, if any. Use additional page if necessary for 6 and 7.**

*Current* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Previous* \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 understand that the CPC designation is renewable every 4 years, that renewal requirements must be met, and that a fee is required. I have read and pledge to comply with the CPC Code of Ethics above and the CPC Statement of Use and warrant that NFDA can rely upon the truth and accuracy of all information submitted on or attached to this CPC Application.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail, scan/email or FAX completed application + fee (US \$ on US bank or credit card information (email or fax) to:**  
**NFDA CPC Program, 13625 Bishop's Drive, Brookfield, WI 53005-6607, U.S. Fax 1-262-789-6977; Email nfda@nfda.org.**  
 Please retain a copy of the application.

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

**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.