



National Funeral Directors Association

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

NFDA Staff Use ONLY  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manual Shipped to: WK HM Date Shipped: \_\_\_\_\_

## Certified Preplanning Consultant (CPC) APPLICATION

	<h3 style="margin: 0;">GRANTED TRACK</h3> <p style="margin: 0;">For qualified applicants with <b>10 or more years</b> verified preplanning experience.  <b>Exam preparation via independent study of CPC Standards Manual over one year.</b></p>	<p style="margin: 0;"><b>\$299 NFDA Members &amp; Non-Funeral Directors</b></p> <p style="margin: 0;"><b>\$375 Nonmember Licensed Funeral Directors</b></p> <p style="margin: 0;"><i>U.S. Dollars on U.S. Bank</i></p>
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**COMPLETE ALL PARTS OR APPLICATION CANNOT BE PROCESSED. TYPE OR PRINT PLEASE.**

**NAME. Include name exactly as it should appear on CPC Certificate.**

<b>NAME (+ CFSP if applicable)</b>			
<b>Position Title</b>			
<b>Firm Name</b>			
<b>Firm Address</b>			
<b>Firm City/State/Zip</b>			
<b>FD License #/s &amp; States</b>		<b>Firm Telephone</b>	
<b>CFSP number if applies</b>		<b>FAX</b>	
<b>Insurance License #/s &amp; States</b>		<b>EMAIL</b>	
<b>Payment by Check #:</b>		<b>Credit Card #:</b>	
<input type="checkbox"/> AM EX <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover		<b>Total Fee Submitted: \$</b>	
<b>Credit Card Expiration Date:</b>		<b>Name on Cr Cd:</b>	
<b>Signature:</b>			
<b>Send CPC Manual &amp; correspondence to (check one):</b>		<b>HOME ADDRESS (page 2)</b>	
<input type="checkbox"/> WORK		<input type="checkbox"/> HOME ADDRESS (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. VERIFICATION of preplanning employment by immediate supervisor or applicant if business owner.**

a. Applicant start date with firm:		
b. Applicant current title:		
c. Applicant meets all statutory criteria to sell preneed funeral goods and services in states where licensed. Check box:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Applicant is a minimum of 18 years of age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>As immediate supervisor of the applicant named above, I verify for purposes of the CPC certification program that he or she is a current employee of this firm and attest to the accuracy of items 1 (a) through (d) above. Supervisor please complete items e through h below.</p> <p><b>NOTE</b> If you as the applicant named above are the firm owner, sign here and go directly to Section #2 below.</p>		
Applicant/Owner Signature _____		Date _____
e. PRINT supervisor's name and title:		
f. PRINT name of firm:		
g. Supervisor's Signature: _____		Date: _____

**2. EDUCATION. List schools, locations & dates of completion; certificates or degrees earned; related training.**

Post-Secondary Education:
Certificate or Degree:
Related Training:

**3. TYPE OF BUSINESS. Check all that describe the firm of your current employer.**

- Independent funeral home
- Independent cooperative funeral home
- Publicly-traded corporate funeral home
- Independent FH with cemetery/mortuary
- Publicly-traded FH with cemetery/mortuary
- Other (specify): \_\_\_\_\_
- Supplier of insurance product
- Supplier of trust product

**4. PERSONAL DATA. Provide non-business address information.**

Home Address			
City/State/Zip			
Home Phone		Home FAX	
Home Email			

**5. PROFESSIONAL BACKGROUND. Provide an overview of past and current advance planning responsibilities.**

*(Use additional page if necessary for 5 & 6)*

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**6. REASONS FOR APPLYING. Provide brief explanation of reasons for applying to the CPC certification program.**

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**7. 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.

**8. SUBMISSION INSTRUCTIONS. I have read and pledge to comply with the CPC Code of Ethics above and I attest that all information on or attached to this CPC Application is true and verifiable. I understand that the CPC designation is renewable every four years, that I must meet renewal requirements, and that a fee is required.**

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 of completed application.*