



# SOCIETY OF FINANCIAL EXAMINERS®

## Application for the CFE® Designation

Please select one of the two options listed below:

- Financial Examiner Application
- Financial Rating/Analysis Application

List below your name as you wish it to appear on your certificate:

I. Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Personal Phone Number \_\_\_\_\_  
Personal E-Mail Address \_\_\_\_\_  
Date Application Completed \_\_\_\_\_

II. Education: (Please include copies of your college transcripts with this application)  
College \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_  
CFE Requirements:  
Management Course \_\_\_\_\_ Date \_\_\_\_\_

I passed the necessary CFE courses offered by the Society.

AFE Designation Date \_\_\_\_\_

- CFE1 Examination Methods and Management (**Only applicable for the Financial Examiner application**)  
Date Passed \_\_\_\_\_ Score \_\_\_\_\_
- CFE2 Analysis and Evaluation Procedure  
Date Passed \_\_\_\_\_ Score \_\_\_\_\_
- CFE3 Reinsurance  
Date Passed \_\_\_\_\_ Score \_\_\_\_\_
- CFE4 Financial Analysis (**Only applicable for Financial Rating/Analysis application**)  
Date Passed \_\_\_\_\_ Score \_\_\_\_\_



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### III. Employment History:

Current Employer:

Date of Employment: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

Title/Positions \_\_\_\_\_

Description of Duties: Please show dates of employment, noting changes of work assignments.

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

(List former employment information for the past five+ years to verify continuous insurance department experience)

| Mo/Day/Yr. | Employer Name | Address | Phone # | Position |
|------------|---------------|---------|---------|----------|
|            |               |         |         |          |
|            |               |         |         |          |
|            |               |         |         |          |

### IV. Supervisor's Verification: To be completed by one of the following: Insurance Commissioner, Deputy Commissioner, Chief Examiner, Director of Financial Institutions, Assistant Chief Examiner, Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current and continuous employment, please provide the necessary documents,

I, (supervisor) \_\_\_\_\_, have reviewed the preceding portion

of the application of (applicant's name) \_\_\_\_\_.

The answers therein are true to the best of my knowledge and belief, and he/she has met the minimum requirement of three (3) years of *continuous, responsible insurance department examination experience as a financial examiner or financial analyst.*

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Agency/ Contract Firm) (Address)



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V. Professional References:

| Name     | Title | Address | Phone # |
|----------|-------|---------|---------|
| 1. _____ |       |         |         |
| 2. _____ |       |         |         |
| 3. _____ |       |         |         |

VI Information required to mail letters of congratulations. Upon earning the CFE Designation SOFE will send a congratulatory letter and a certificate to your Chief Examiner or immediate supervisor. Please provide us with the name and complete mailing address of this individual:

Name/Designations \_\_\_\_\_

Agency/Contract Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Also for purposes of the Congratulatory Letter, please advise us of your gender:  Male  Female

- I am currently a member of the Society of Financial Examiners in good standing and hereby apply for the CFE designation.
- I am not a member of the Society of Financial Examiners currently, but have included my membership application with my request for the CFE designation.

### OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#) and I affirm under the penalties of perjury that the information, statements, attachments, and any other documents made in conjunction with this application are complete, honest and correct. As far as I am able to determine, I meet all of the requirements to apply for this designation.

I agree to abide by all procedures of the Board of Governors, the Executive Committee, and all other committees of the Society relating to this designation. I understand that I must comply with the Society's Continuing Regulatory Education (CRE) program to achieve the necessary credit hours in order to maintain this designation. I comply and agree to pay necessary dues to sustain a membership in good standing with the Society.

I understand that if as a member I am found to have engaged in conduct involving dishonesty, fraud, deceit or misrepresentation, or any felony involving and criminal offense(s) other than civil traffic offenses, I shall be automatically expelled from the Society. If the Society finds I have caused or assisted in causing the compromise of any designation, I understand and agree that I may be held liable to the Society for any monetary losses the Society may incur as a result of the compromise.

\_\_\_\_\_  
Name (please print) Date

\_\_\_\_\_  
Signature