

**Society of Financial Examiners
Financial Institutions Application
For Examinations and Designations**

Please type or print

I. Name _____

Mailing Address _____

City/State/Zip _____

Phone during working hours (Area Code/Number/Ext) _____

E-mail address _____

II Education:

High School _____

From _____ To _____ Day/Month/Year Graduated _____

College _____

From _____ To _____ Day/Month/Year Graduated _____

Degree _____ Major _____

Other courses, schools, seminars, etc _____

Academic Honors/Societies _____

III. Employment History:

(List former employment information for past five years here)

Day/Mo./Yr.	Employer Name	Address	Phone #	Position
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Employer:

Date of Employment: Day _____ Month _____ Year _____

Department/Agency _____

Address _____

City/State/Zip _____

Phone # _____

Title/Positions _____

Description of Duties: Please show dates of employment and changes of classification.

IV. Personal References:

Name	Title	Address	Phone #
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1. _____

2. _____

3. _____

VI. Signatures

This section must be completed by the applicant's supervisor in the discipline in which a designation and / or examination is sought.

I, _____, have reviewed this application, and the responses given by _____ are true to the best of my knowledge and belief.

Signature _____

Title/Department _____

Address _____

Date _____

Applicant's Oath Regarding Testing and Designation

I acknowledge that this is an application for examination, and that if I fail to participate as scheduled, all fees will be forfeited unless I notify the Society as required. Such notice must be in writing, sent registered mail, and received by the Society at its national office at least 10 days prior to the scheduled date of examination. I further acknowledge that I understand that any false statement or misrepresentation made may result in revocation of this application or of any designation subsequently awarded as a result of the examination process.

I affirm that I have read and comprehend the Society of Financial Examiners Code of Ethical Conduct and By-laws 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, upon the successful completion of the exam(s).

I agree to abide by all procedures of 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 understand that if I, by act or omission, cause or assist in causing the compromise of this designation, I may be subject to appropriate disciplinary action by the Society, which may for members include suspension or expulsion. 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 _____