



SOCIETY OF FINANCIAL EXAMINERSSM

NAME OF SPONSOR _____
 NAME OF CONTACT PERSON _____
 PHONE (_____) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TITLE OF ACTIVITY _____
 DATE(S) _____

Is this a One-Time Program
 Multiple-Time Program
 Multiple-Year Program

LOCATION(S) _____
 NO. OF CONTACT HOURS REQUESTED _____

One hour of attendance or participation will equal one hour of CRE credits. Hours will not be given for introductory remarks, breaks, business meetings (e.g., elections, approval of minutes, financial statements, etc.), meals, or speakers of a general, non-financial nature. Only the time of actual instruction counts toward CRE credit.

Seminars, classes and sessions must meet at least 50 minutes in order to receive one hour credit. Half hours will be granted if the session exceeds 25 minutes after the hour.

Please submit the following information with this Request:

A brochure or other outline that

1. Describes the course content,
2. Identifies the faculty and its qualifications,
3. Lists the topics covered by title, and
4. Shows the time scheduled for each topic.

The Sponsor acknowledges that this activity may be disapproved or revoked for failure to comply with the agreements contained on this form.

SIGNATURE _____ TITLE _____

DATE _____

*** PLEASE COMPLETE TOP SECTION ON [OTHER SIDE](#) OF THIS PAGE! ***

FOR OFFICE USE ONLY

Sponsor # _____ No. of CRE Credits _____

APPLICANT COMPLETE THIS SECTION

NAME OF SPONSOR _____

NAME OF CONTACT PERSON _____

PHONE (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCATION _____

DATE(S) _____

TITLE OF ACTIVITY _____

THIS SECTION TO BE COMPLETED BY SOFE

ACTION TAKEN

APPROVED

No. of CRE Credits Approved _____

Sponsor No. _____ (Use this number at all times when referring to this CRE activity.)

APPROVED - Faculty Only

No. of CRE Credits Approved will depend upon actual teaching time

Sponsor No. _____ (Use this number at all times when referring to this CRE activity.)

STATUS PENDING

The following information is needed

(Please send to Continuing Education Director, SOFE, 174 Grace Blvd., Altamonte Springs, FL 32714.)

NOT APPROVED

Comments/Basis for Non-Approval _____

