

**Application for the CFE® Designation**  
**from the Society of Financial Examiners**  
12100 Sunset Hills Road, Ste 130, Reston, VA, 20190, (800) 787-SOFE

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone during working hours (Area Code/Number/Ext) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Application Completed \_\_\_\_\_

II. Education:

College \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Month/Day/Year Graduated \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Other courses, schools, seminars, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Honors/Societies

\_\_\_\_\_

\_\_\_\_\_

I passed the necessary CFE courses offered by the Society.

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

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III. Employment History:  
(List former employment information for the past five+ years to verify continuous insurance department experience)

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

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

Department/Agency \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Supervisor's Verification: This section must be signed by the Insurance Commissioner, Deputy Commissioner, Chief Examiner or Director of Financial Institutions; or any Assistant Chief Examiner or Assistant Director that has qualified as a CFE. 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.

\_\_\_\_\_  
(date) (title) (signature)

\_\_\_\_\_  
(agency)(address) (city, state, zip code)

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V. Personal References:

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

**All required forms must be enclosed and complete or application will be returned.**

I am currently a member of the Society of Financial Examiners and hereby apply for the CFE designation.

I am not a member of the Society of Financial Examiners and wish to be accredited to be eligible to hold the equivalent of the designation. There is an annual record keeping fee of \$100 payable when submitting the CRE Reporting Form.

**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 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 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