



SOCIETY OF FINANCIAL EXAMINERS®

Application for the Accredited (AFE®) Designation

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 _____

AFE Requirements if not an accounting major:

Accounting Fundamentals I (3 hours) Date _____

Accounting Fundamentals II (3 hours) Date _____

Finance or Economics (3 hours) Date _____

AND

Business Law (3 hours) Date _____

OR

LOMA, CPCU, CLU Course (in lieu of Business Law) Date _____

I passed the necessary AFE courses offered by the Society.

<input type="checkbox"/>	AFE1 Life and Health Insurance Fundamentals	Date Passed _____	Score _____
<input type="checkbox"/>	AFE2 Property and Liability Insurance Fundamentals	Date Passed _____	Score _____
<input type="checkbox"/>	AFE3 Life and Health Insurance Accounting	Date Passed _____	Score _____
<input type="checkbox"/>	AFE4 Property and Liability Insurance Accounting	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 required 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 or Assistant Director, or Examination Contract Firm Supervisor. If more than one supervisor verification is needed to verify current 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 two (2) years of *continuous, responsible insurance department examination experience as a financial analyst or examiner* in the last three (3) years.

(Signature) (Title) (Date)

(Agency/ Contract Firm) (Address)



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V. Information required to mail letters of congratulations. Upon earning the AFE 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 General member of the Society of Financial Examiners in good standing and hereby apply for the AFE designation.
- I am currently not a member of the Society of Financial Examiners, and I have included my General membership application with my application request for the Accredited AFE designation.

OATH REGARDING DESIGNATION

I affirm that I have read and comprehend the [Society of Financial Examiners Code of Ethical Conduct](#). 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