



Certified Financial Fiduciary® Certification Reinstatement Application, page 1

This application must be completed in its entirety, and all fields require an answer. Incomplete Reinstatement Applications cannot be submitted. All information will be kept confidential and reviewed by the NACFF staff solely for determining your eligibility for certification reinstatement.

NOTE: This application is intended to be used only by individuals whose certification has lapsed for more than ninety days. Do not use this application form to renew certification annually.

Mail this Application to: NACFF, 8604 Cliff Cameron Dr. Ste. 187, Charlotte, NC 28269

Or, you may send an email with the completed application as a PDF attachment to:
jenny@nationalCFFassociation.org. All inquiries should be directed to the same email address.

Application Requirements for Certification Reinstatement

1. Applicants are required to submit proof that they met the minimum continuing education hour requirement by submitting documentation from courses completed. This submission can be done by mailing/emailing the documents to the address or email address above.
2. The continuing education requirement is as follows:
 - 15 hours of professional development for a lapse of three months to one year;
 - 20 hours of professional development for a lapse of one to two years; or
 - 30 hours of professional development for a lapse of two to three years.
3. Staff will review each applicant’s continuing education submission to determine if the minimum number of hours has been met.
4. Where the staff is unable to link the CE course submitted to the exam specification, the course in question will be submitted to the Certification Committee for their approval or denial. A majority vote of the members of the Committee will determine approval or denial.
5. In the case of a denial, staff will notify the applicant that his or her submission was not approved and allow the applicant 30 days to submit additional, acceptable documentation of meeting the continuing education requirement.
6. Applicants must attest to uphold the Certified Financial Fiduciary® Code of Conduct, all NACFF policies and procedures and rules for use of the Certified Financial Fiduciary® Marks.
7. Individuals who meet all reinstatement requirements and are approved for certification will be issued a new digital credential that shows the current start and end dates of certification.
8. Staff will update the certificant’s certification expiration date on the public registry.

Upon receipt of the Certification Reinstatement Application, NACFF staff shall promptly review the Application for completeness and payment of fees. Individuals submitting an incomplete Application, or the wrong fees, will immediately be notified of such.



Certified Financial Fiduciary® Certification Reinstatement Application, page 2

Certificant Profile

Note: Your name must appear as it does on government issued ID, such as a driver’s license or passport.

First Name _____ Last Name _____ Middle _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Cell: _____ Office: _____ Fax: _____

Email: _____ Website: _____

Mailing Address (If different than above)

Street Address: _____

City: _____ State: _____ Zip: _____

Current Professional Information

Company Name: _____ Title: _____

Business Address: _____

Other professional designations held:

CFP® CFA® ChFC® CLU® CPA AIF® Other: _____

Licensing:

Securities Life Health Variable Contracts Property & Casualty

Broker Dealer or RIA: _____

IMO/FMO: _____



Certified Financial Fiduciary® Certification Reinstatement Application, page 3

Payment Information

The reinstatement application fee is \$500.00. Should your application not be approved for certification reinstatement, you will be refunded \$250.

Please choose your method of payment:

Check: Enclosed is my payment by check (Make check payable to NACFF)

Debit/Credit

Card Number:	
Exp. Date:	CVV Code:
Billing Address:	
City, State:	Zip:
Card Holder's Name:	
I hereby authorize the National Association of Certified Financial Fiduciaries® (NACFF®) to charge my credit card as per details above	
Signature:	

Cancellations/Refunds: Refunds will be granted at the discretion of the NACFF certification staff.



Certified Financial Fiduciary® Certification Reinstatement Application, page 4

In order to reinstate Certified Financial Fiduciary® certification, you must complete the following disclosure questionnaire.

You must attach a detailed **written explanation for any “yes” answers for questions 1-6.** Note that NACFF staff performs background checks. Additional information may be required upon review of your Certification Reinstatement Application.

YES	NO	
		1. Have you ever been accused or convicted of a felony?
		2. Within the last ten years have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party in any such action?
		3. Within the last ten years have you been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to your professional or business conduct, or are you currently named as a party in any such action?
		4. Within the last ten years have you had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded you?
		5. Within the last ten years have you been named as the subject of an investigation or complaint by any governmental, regulatory or administrative body?
		6. Within the last ten years have you been censured, fined reprimanded or otherwise disciplined by any professional credentialing organization to which you did or do belong or has such organization named you as a subject of an investigation or complaint?
		7. Are you licensed to sell insurance?
		8. Are you licensed to sell securities?

This attestation statement is by and between the National Association of Certified Financial Fiduciaries herein referred to as (“NACFF”) and the applicant desiring to use the Certified Financial Fiduciary® designation mark.

I affirm that:

- a) Permission to use the certification marks is valid provided I renew my certification annually and that I remain in good standing with NACFF and use the certification and marks in an authorized manner. NACFF may publish on its website names of certain individuals who have used the certification in an unauthorized manner. **Annual renewal fee = \$250.00**

ver 1.1; May 2024



Certified Financial Fiduciary® Certification Reinstatement Application, page 5

- b) NACFF has the absolute and unrestricted right to revoke my certification, including any rights I may have to use the certification marks, if it finds that I have failed to comply with the Certified Financial Fiduciary® Code of Conduct, NACFF rules, qualifications and/or regulations. NACFF has the authority to publish on its website names of certain individuals for whom the right to use the certification has been revoked.
- c) In consideration of the certification granted, NACFF, and others acting on its behalf, shall not be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence; I hereby release NACFF, and its agents from any liability for such actions or omissions.
- d) I will fulfill recertification requirements to maintain Certified Financial Fiduciary® certification.
- e) I will comply with all policies and requirements of NACFF. I will comply with all standards and requirements that NACFF may issue from time to time, including usage standards for certification and all other proprietary mark(s). I acknowledge that NACFF is not responsible for any usage standards put in place by outside entities.
- f) I agree to only make claims regarding certification with respect to the scope for which certification has been granted (e.g. practice as a financial fiduciary.) I further agree to not to use the certification in such a manner as to bring NACFF into disrepute, and not to make any statement regarding the certification which NACFF considers misleading or unauthorized; to discontinue the use of all claims to certification that contain any reference to NACFF or Certified Financial Fiduciary® certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body; and not to use the certificate in a misleading manner.
- g) I understand that NACFF has the authority to perform background checks. I agree to cooperate with any actions and further understand that providing false information, or having others do so, is a violation of the Certified Financial Fiduciary® Code of Conduct and NACFF Policies and may result in sanctions.
- h) I agree to immediately inform NACFF staff of all changes to personal and professional contact information for as long as I am certified by NACFF, and to immediately inform NACFF of any matters that may affect my capability to continue to fulfill certification requirements.
- i) I understand that if my application is approved and certification is issued that I will be listed in the online certification directory; however, if should I not want to continue to be listed in the online directory, I will contact NACFF to request removal from the list. I understand that even if my credentials are not listed in the online directory, NACFF will continue to verify credentials upon request. Further, I understand that should I fail to renew my certification, or if my certification is revoked, I agree that NACFF has the right to list my name as Inactive in the online directory and can also list the reason (i.e. Disciplinary, or Did Not Renew).



Certified Financial Fiduciary® Certification Reinstatement Application, page 6

- j) I agree to give NACFF, its agents and staff permission to contact me by U.S mail, electronic mail, facsimile, or through other media on matters that NACFF believes may be of importance to me. Should I wish to be taken off the mailing list, I will send an e-mail request stating such to removeme@nationalcffassociation.org
- k) I understand and acknowledge that the NACFF certification handbook contains the policies applicable to applicants and certificates. To review and print a copy of the NACFF certification handbook visit our website at <http://www.nationalcffassoication.org>
- l) I agree to abide and adhere to the Rules and Standards as specified in the Certified Financial Fiduciary® Code of Conduct. To review and print a copy of the Code of Conduct visit our website at <https://nationalcffassociation.org/code-of-conduct>
- m) I understand that I have the right to appeal a decision to deny me reinstatement of certification or should my certification be revoked or suspended per the NACFF Disciplinary Policies. Individuals seeking an appeal of a certification decision will be provided with the policy and procedures for handling appeals when they submit the appeal. Any interested party may request a copy of the appeals policies and procedures at any time. During the appeals process, the individual making the request will be kept informed as to the progress of the appeal throughout the time the appeal is under consideration. During the appeals process, the individual requesting the appeal will not be denied any other NACFF services and will not be treated in a discriminatory manner.

Signature

Print Name

Date