NACFF™
National Association of Certified Financial Fiduciaries

NATIONAL ASSOCIATION OF CERTIFIED FINANCIAL FIDUCIARIES

"Good Faith, Care and Loyalty to Our Client's Best Interest" ™

Certified Financial Fiduciary® Certification Application, page 1

Welcome to the National Association of Certified Financial Fiduciaries (NACFF) certification program and thank you for your interest in applying for certification. This application has been created to collect the necessary information to determine your eligibility for the Certified Financial Fiduciary® certification. This application must be completed in its entirety, and all fields require an answer. Incomplete applications cannot be submitted. All information will be kept confidential and reviewed by the NACFF staff solely for determining your eligibility for certification.

Mail this Application to: NACFF, 1619 Providence Rd. S., Ste.220-203, Marvin, NC

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

Requirements for Certification

Prior to being awarded the Certified Financial Fiduciary designation, applicants must:

1. Meet one of the following prerequisites:
    a. Possess a professional financial certification/designation or
    b. Professional financial license (securities, insurance, accounting, etc.), or
    c. A combination of education and experience deemed satisfactory by the NACFF Certification Committee.
2. Successfully complete the NACFF one day in-person training, complete the NACFF online training course or a training program for financial fiduciary practice approved as equivalent.
3. Agree to uphold the Certified Financial Fiduciary Code of Conduct; and comply with all certification requirements including use of the certification marks.
4. Complete the certification application and have the application approved to proceed to the exam.
5. Agree to the exam terms, including confidentiality of the exam content.
6. Pass the certification exam.
7. Pass a full background check and be in good standing with all state and federal license requirements.

Upon receipt of an application for certification, 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.

Complete applications shall be processed in accordance with NACFF policies and procedures. Approved applicants will be provided information on how to complete the application steps including taking the certification exam and compliance with ethical policies.

Certification shall not be granted before all requirements have been successfully completed by the applicant.

Please notify NACFF if you require special accommodation for your certification examination.

For more information about the NACFF Certification program, please review the NACFF website.

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Note: Your name must appear below as it does on government-issued ID, such as a driver's license or passport in order to sit for the examination. This same form of identification is required for the mandatory background check and to take the certification examination.

D.O.B ____/____/____

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:_____

1619 Providence Rd. S., Ste.220-203, Marvin, NC 28173 | Phone: 704-930-0032 | Fax: 704-314-4187 | www.nationalcffassociation.org

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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: _____

Education Background:

School, City, State (Since High School)	Graduated? Y or N	Major	Degree

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Payment Information

Note: If you have already paid, you may skip this section.

The certification fee is $2895.00 (or $2495.00 for the online course) which includes a non-refundable application fee of $495.00.

Should your application not be approved, the course fee may be refunded, but the application fee of $495.00 is non-refundable and will be retained by NACFF.

If you have received training comparable to that offered by NACFF, you may submit your application and course syllabi along with a non-refundable application fee of $350.00. Your application and submitted course materials will be reviewed and you will be notified if any deficiencies are identified.

Please choose your method of payment:

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

☐ **Debit**

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.

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As part of your application for 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 application.

YES	NO	
		1. Have you ever been accused or convicted of a felony?
		2. Within the last 10 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 10 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 10 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 10 years, have you been named as the subject of an investigation or complaint by any governmental, regulatory or administrative body?
		6. Within the last 10 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?
		9. Do you have 1 or more years of relevant work experience in your field?
		10. If your answer to number 9 is NO, do you have a professional certification / designation or professional financial license?

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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 marks in an authorized manner. NACFF may publish on its website names of certain individuals who have used the certification in an unauthorized manner. **The annual renewal fee is $250.00.**

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, the 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 the 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. If certified as a part of the National Association of Certified Financial Fiduciaries, I will comply with all standards and requirements that the 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.

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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 of all changes to the information included in this application while I am an applicant, and 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 in the future should I not want to continue to be listed in the online directory, I will contact the NACFF to request removal from the list. I understand that even if my credentials are not listed in the online directory, the NACFF will continue to verify credentials upon request. Further, I understand that should I fail to renew my membership, 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).

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 certificants. 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 initial 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.

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n) During the examination process I agree to NOT engage in fraudulent test-taking practices such as: receiving aid from another person, using unauthorized aids during the exam, disclosing exam questions to anyone for any reason, receiving exam questions from anyone prior to taking the exam, or any other behavior during the exam that could be considered as "cheating." I further agree to personally take the exam and NOT allow any other person to take the exam on my behalf.

o) I understand that if I fail the certification exam on my first attempt, that I will be allowed one additional attempt at no cost. If I fail both attempts, I understand that NACFF may require me to take additional education and pay a re-testing fee at NACFF's sole discretion.

_____

Signature

_____

Print Name Date

How did you learn about Certified Financial Fiduciary certification?

Advertisement ☐ Article ☐ Broker/Dealer ☐ Email ☐

Referral ☐ Conference ☐ Google ☐

Referred by (if applicable) _____

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