

# PFE Certified Debt Management Professional Certification Renewal Form

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## Certificate Holder's Information

Certificate Holder's Name (as it appears on the Certificate): \_\_\_\_\_

Date of Certification Expiration: \_\_\_\_\_

Certificate Holder's Mailing Address: \_\_\_\_\_

Certificate Holder's Contact Phone Number: \_\_\_\_\_

Certificate Holder's Contact Email Address: \_\_\_\_\_

Certificate Holder's Signature: \_\_\_\_\_

## Continuing Education Credits (must total 16 with at least one CEU in Ethics)

Please list all continuing education units for which you received credit during the past two year period. You may attach as many sheets as you need to list all completed continuing education. Please submit corresponding proof of completion for each CEU. Incomplete forms will not be processed.

1) Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Number of CEUs Granted: \_\_\_\_\_

Proof of Completion Attached: (i.e.: letter, certificate, etc.) \_\_\_\_\_

2) Course Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Number of CEUs Granted: \_\_\_\_\_

Proof of Completion Attached: (i.e.: letter, certificate, etc.) \_\_\_\_\_

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3) Course Title: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Number of CEUs Granted: \_\_\_\_\_  
Proof of Completion Attached: (i.e.: letter, certificate, etc.) \_\_\_\_\_

4) Course Title: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Number of CEUs Granted: \_\_\_\_\_  
Proof of Completion Attached: (i.e.: letter, certificate, etc.) \_\_\_\_\_

5) Course Title: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Number of CEUs Granted: \_\_\_\_\_  
Type of Proof of Completion Attached: (i.e.: letter, certificate, etc.) \_\_\_\_\_

### **Organizational Information**

Organization Name: \_\_\_\_\_  
Organization Contact Person: \_\_\_\_\_  
Organization Mailing Address: \_\_\_\_\_  
Organization Contact Phone Number: \_\_\_\_\_  
Organization Contact Email Address: \_\_\_\_\_  
Organization Contact Signature: \_\_\_\_\_

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**Billing Information**

Billing Contact Name: \_\_\_\_\_

Billing Contact Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Contact Phone Number: \_\_\_\_\_

Billing Contact Email Address: \_\_\_\_\_

Billing Contact Signature: \_\_\_\_\_

**Renewal Fees**  
**\$50**

**Payment Information**

**Check enclosed** in the amount of **\$ 50.00**, payable to the Partnership for Financial Education.

**Please bill me at the end of the month**

**Signature** \_\_\_\_\_

*(Signature acknowledges you will be billed monthly)*

**All fees are non-refundable.**