

PFE Certified Debt Management Professional Certification Enrollment Form

Registrant Information

Registrant's Name (as it will read on Certificate): _____

Registrant's Mailing Address: _____

Registrant's Contact Phone Number: _____

Registrant's Contact Email Address: _____

I certify that I have a high school degree or the equivalent

I certify that I have a minimum of six months' work experience in any of the following (check one):

Debt Relief Industry, including but not limited to Credit/Housing/Mortgage and Reverse Mortgage Counseling; Bankruptcy/Debt/Budge/Financial Counseling

Financial Services Industry, including, but not limited to Consumer Finance/Lending, ___ Financial Planning/Advising, Collections

Other relevant work experience, including but not limited to Credit Reporting, Accounting, Financial Education, Financial Therapy

Registrant's Signature: _____ Date: _____

Organization Information

Organization Name: _____

Organization Contact Person: _____

Organization Mailing Address: _____

Organization Contact Phone Number: _____

Organization Contact Email Address: _____

Organization Contact Signature: _____

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Pricing Structure

ACCCA	\$ 300.00	Non-Profit	\$ 325.00
ACCPros	\$ 300.00	For Profit	\$ 350.00

Billing Information

Billing Contact Name: _____

Billing Contact Mailing Address: _____

Billing Contact Phone Number: _____

Billing Contact Email Address: _____

Payment Information

Check enclosed in the amount of _____, payable to the Partnership for Financial Education.

Please bill me at the end of the month

Signature _____
(Signature acknowledges you will be billed monthly)

Please note that all fees are non-refundable. Programs can be transferred one time only as long as the Certification exam has not been requested. The Organization must have possession of the Certification Manual. A new manual will not be issued.