

# PFE Certified Debt Management Professional Exam Retake Form

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**Please do not submit this form until you have a designated proctor.**

**Acceptable proctors in the work place are individuals who do not have direct reporting responsibility for the exam taker. Acceptable proctors outside of the workplace are testing centers, community/local colleges/libraries or other professionals.**

**Once an exam is sent out, it needs to be taken within seven business days of the proctor's receipt.**

## **Exam Taker's Information**

Exam Taker's Name (as it will appear on the Certificate): \_\_\_\_\_

Exam Taker's Mailing Address: \_\_\_\_\_

Exam Taker's Contact Phone Number: \_\_\_\_\_

Exam Taker's Contact Email Address: \_\_\_\_\_

Exam Taker's Signature: \_\_\_\_\_

## **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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**Proctor Information**

Proctor: \_\_\_\_\_

Proctor Mailing Address: \_\_\_\_\_

Proctor Phone Number: \_\_\_\_\_

Proctor Email: \_\_\_\_\_

Proctor's Relationship to Exam Taker: \_\_\_\_\_

Has this individual served as Proctor in the past?      Yes      No

If yes, please name the individual or organization \_\_\_\_\_

**Payment Information**  
**\$50 Retake fee**

**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)*