

PFE Certified Debt Management Professional Certification Renewal Form

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

Renewal Fees
\$50

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

I have made payment on the website (PayPal).

Billing Contact Name: _____

Billing Contact Mailing Address: _____

Billing Contact Phone Number: _____

Billing Contact Email Address: _____

Billing Contact Signature: _____

All fees are non-refundable.