

PFE Certified Debt Management Professional Continuing Education Approval Form

Continuing Education Program Information

Continuing Education Program Provider: _____

Continuing Education Program Title: _____

Continuing Education Course Description (you may attach additional pages as needed)

Course Format Live Self Study

Number of CEUs being requested: _____
(Please note if this CEU is intended to meet the 1 CEU requirement in Ethics)

What type of verification of completion is provided to certificant upon completion of the CE course?

Provider's Mailing Address: _____

Provider Contact Person: _____

Provider's Contact Person Phone Number: _____

Provider's Contact Person Email Address: _____

If you are requesting approval for a conference or live presentation, please attach the agenda or schedule. Please submit a copy of the materials for all other forms of continuing education. Forms submitted without proper materials will not be processed. Please refer to Continuing Education Guidelines for acceptability of Continuing Education programs.

PFE Certified Debt Management Professional Continuing Education Approval Form

The Continuing Education Approval Form can be submitted by an organization on behalf of all current and future PFE Certified Debt Management Professionals. Individuals may also submit a course for their own approval. Please fill out either the Certificate Holder's Information or the Organization Information. There is no need to fill out both.

Certificate Holder's Information

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

Certificate Holder's Mailing Address: _____

Certificate Holder's Contact Phone Number: _____

Certificate Holder's Contact Email Address: _____

Certificate Holder's Signature: _____

Organizational Information

Organization Name: _____

Organization Contact Person: _____

Organization Mailing Address: _____

Organization Contact Phone Number: _____

Organization Contact Email Address: _____

Organization Contact Signature: _____

