

# PFE Certified Debt Management Professional Continuing Education Approval Form

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## 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.

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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: \_\_\_\_\_