

**CFP Credit for Insurance Continuing Education (CE) Exam Request Form**

**Student Name:**

**CFP License Number (required):**

**Social Security Number:**

**Email address:**

**Completion Information:**

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| --- | --- | --- | --- |
| **Insurance CE Certification Exam Completed\*:** | **Date Exam Completed:** | | **Fee: $3 each** |
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| \*Please Note: NOT all Kaplan Courses are approved for CFP Credit. | | **Total:** |  |

**Fees:**  Please include $3.00 for each certificate.

**Payment Methods:**

Check or Money Order, make payable to Kaplan Financial Education and mail to Kaplan at:

Kaplan Financial Education

Attn: Grading and Regulatory Dept

332 Front Street South, Suite 555

La Crosse, WI 54601

**-OR-**

Credit card payments may be faxed to (608) 779-0442

or called into Customer Service at phone number (800) 824-8742.

Type (check one): Visa / Mastercard / Discover / American Express

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card #:     -    -    - | | Exp Date: | |
|  | | | |
| Card Billing Address: | | | |
|  | | | |
| Order # (Internal use only): | | |  |
| Cardholder’s Name (Print): | | | |
| Authorized Signature: |  |  | |