

**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:  |  |  |