



360 trainingtm

Certified Financial Planner CE Credit Request Form

If you have completed any of the following courses you are eligible to receive CFP CE Credit for an additional \$10 per course. Please place a check next to the appropriate course and fax the completed form to 512-857-8634.

CFP Course Name	CFP Credit Hours	
401 (k)	2	<input type="checkbox"/>
Anti- Money Laundering	2	<input type="checkbox"/>
HIPAA for Insurance Professionals	2	<input type="checkbox"/>
Mutuals Funds	5	<input type="checkbox"/>
New Employee	2	<input type="checkbox"/>
Medicare	5	<input type="checkbox"/>
Annuities	5	<input type="checkbox"/>
Wills and Trusts	3	<input type="checkbox"/>
Estate Planning Advanced	5	<input type="checkbox"/>
Life, Health, Disability and Long Term Care	4	<input type="checkbox"/>
Ethics for Insurance Professionals Advanced	2	<input type="checkbox"/>
Long Term Care	5	<input type="checkbox"/>
Principles of Insurance	7	<input type="checkbox"/>

First Name: _____ Last Name: _____

E-mail Address on Student Account: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CFP License Number: _____ or Last 4 of SSN: _____

Payment:

Type of Credit Card: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Month: _____ Expiration year: _____ Credit Card ID: _____

STUDENT SIGNATURE: _____ **Date:** _____

Your credit card will be charged as credits are processed. Please fax the completed form to 512-857-8634.

Contact 877-360-6008 for questions.