



Certified Family Life Educator (CFLE) Abbreviated Application - 2012

For office use only
Date _____
Check # _____
Amount \$ _____

National Council on Family Relations

For the **Provisional** Certified Family Life Educator (CFLE) Designation

(For students graduating from a NCFR approved academic program) <http://www.ncfr.org/cert/academic/programs/>
Access this form at <http://www.ncfr.org/cert/become/applicationprocessesnew.asp> when you are ready to apply to ensure you have the most current information.

I. Name: _____
Please type **exactly** as you would like your name to appear on your certificate. (Maximum 30 characters).

Preferred Mailing Address: _____

Telephone: Work: _____ **Home:** _____ **Cell:** _____

E-mail: _____ **Alternate E-mail:** _____

II. Collegiate Educational Experience. If you have graduated, please attach an **official** transcript showing the completion of your degree and the NCFR-approved courses. For your convenience, you may apply in your final term before graduation with an unofficial transcript. This allows you to add "CFLE pending" to your resume immediately and the option of paying your application fee in two installments. After graduation, send your final **official** transcript with the balance of the application fee and your application is complete!

<u>Institution</u>	<u>Major</u>	<u>Degree Awarded</u>	<u>Year</u>

III. Checklist - Include completed checklist of approved courses provided by university or college or from the NCFR website at <http://ncfr.org/cert/academic/programs/>

IV. Fee - Graduates should enclose a non-refundable application fee of \$105 (NCFR Members) or \$150 (non-members) for Provisional Certification. Students applying in their final term of enrollment can pay in two installments: \$50 initially, and then \$55 (NCFR members) or \$100 (non-members) when you send your final official transcript with degree completion noted. If paying NCFR member rate, include membership number.

NCFR Membership # _____ (found on membership card or mailing label.) Membership application and fee may be submitted along with the CFLE application. Please pay with separate checks if possible.

Payment Information: Check Credit Card (Visa/MasterCard) \$ _____ Amount Paid _____
Credit Card # _____ Expiration date _____ CVD # (on back of card) _____
Street Address and Zip Code for card owner: _____

V. Read and sign the **CFLE Code of Ethics** and include with your application.

VI. Please sign below to verify that the information on this application is accurate to the best of your knowledge.
Name _____ Date _____
Signature _____

