



Certified Family Life Educator (CFLE) Examination Application

For office use only

Date _____

Check # _____

Amount \$ _____

National Council on Family Relations

Access this form at <http://www.ncfr.org/cert/become/workexperiencenew.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.

Preferred Mailing Address: _____

City, State, Zip/Postal Code: _____

Telephone # Office: _____ **Home:** _____ **Cell:** _____

Email: _____

II. CERTIFICATION LEVEL There are two levels of certification, **Full** and **Provisional**. Applicants applying for Full Certification have met both the knowledge and work experience requirements. Provisional applicants have met the knowledge requirement but do not yet have enough work experience in family life education to qualify for Full certification.

Degree Type	Provisional Certification	Full Certification	Bachelor's Level	Master's or PH.D. Level
Family Degree * from an NCFR-Approved Program earned more than two years ago	Complete CFLE Exam	Complete CFLE Exam and document FLE work experience hours by completing the FLE Work Experience Documentation form	Document at least 3,200 hours FLE work experience	Document at least 1,600 hours FLE work experience
Family Degree from a non-NCFR-Approved Program			Document at least 4,800 hours FLE work experience to qualify for Full certification	
Non-Family Degree				

I am applying for **Full Certification**** **Provisional Certification**

*A family-specific degree will typically have the word "family" in the title. A degree without family in the title may be accepted if it can be shown that the degree included coursework specific to each of the ten content areas. If you are unsure if your degree would qualify as family-specific, contact the NCFR office.

** Applicants applying for Full certification must also complete the **Family Life Education Work Experience Documentation Form** and submit an **FLE Employer Assessment and Verification** form from major employers. Applicants applying for Provisional Certification complete only this CFLE Exam application.

_____ I plan to take the CFLE Exam by computer-based testing at a location near me during the following testing window: _____ **March 12 – 31, 2012** _____ **July 16 – August 4, 2012** _____ **November 5 - 24, 2012**

_____ I plan to take the CFLE Exam onsite at the NCFR Conference in Phoenix, AZ. **October 31, 2012**

Please contact the NCFR office if you have a documented need for special accommodations.

Testing center locations can be found at <http://www.isoqualitytesting.com/>. Once your application has been approved you will be sent information for registering for the Exam.



III. **Collegiate Educational Experience.** An *official* transcript showing degree completion is required for both Provisional and Full Certification. Transcripts **do not** need to be sealed in an envelope. Transcripts can be mailed to NCFR by the school or included in the applicant's application package. No photocopies.

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

IV. **IF APPLYING FOR FULL CERTIFICATION:**

- Complete the **Family Life Education Work Experience Summary Form - Exam** summarizing work experience hours in family life education. Please provide documentation.
- Submit the **Employer Work Experience Assessment & Verification Form** from each major employer. At least 50% of the total work experience hours should be verified by an employer.
- Submit a current **resume or vita**.

V. Submit a signed copy of the **CFLE Code of Ethics**

VI. Submit payment of the **CFLE Exam Fee**.

Full Certification - Enclose a non-refundable fee of \$260 (NCFR Members) or \$365 (non-members). This fee includes the CFLE Exam and review of the **Family Life Education Work Experience Documentation Form** and the **Employer Assessment & Verification Form**.

Provisional Certification - Enclose a non-refundable fee of \$185 (NCFR Members) or \$290 (non-members). Provisional applicants submit only this CFLE Exam Application form.

Payment Information: Check Credit Card (Visa/MasterCard) \$ _____ Amount Paid

Name as it appears on the credit card _____

Credit Card # _____ Expiration date _____ CVD # (on back of card) _____

Street Address and Zip Code for card owner: _____

NCFR Membership # _____ (found on membership card or mailing label.) **Membership application and fee may be submitted along with application.** Please pay with separate checks if possible. Make checks payable to NCFR. *Membership in the National Council on Family Relations is not required for certification.*

Mail completed application to:
National Council on Family Relations - Examination Department
1201 West River Parkway, Suite 200 - Minneapolis, MN 55454

VI. I certify that the foregoing information is accurate to the best of my knowledge.

Name _____ Date _____

Signature _____

