

## Certified Family Life Educator (CFLE) Academic Program Approval - 2022

1. Complete and submit this form with payment in one of the following ways:  
**Mail:** NCFR, 661 LaSalle Street, Suite 200, St. Paul, MN 55114  
**FAX:** 763-781-9348  
**Email:** [dawncassidy@ncfr.org](mailto:dawncassidy@ncfr.org) **(DO NOT include payment information if emailed; provide a phone number and we will call you for payment)**
2. After this form and payment have been processed, the **CFLE Contact** (identified below) will be contacted by **NCFR's Academic Program Liaison** with information on how to submit application materials.  
**Questions?** Contact Dawn Cassidy – [dawncassidy@ncfr.org](mailto:dawncassidy@ncfr.org) or 763-231-2882

**Office Use Only**

**Amount Paid**

**Date Paid**

**Payment Type**

**NCFR Program ID# :** \_\_\_\_\_

\_\_\_\_\_  
**Institution Name**

\_\_\_\_\_  
**Department Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State/Province Zip**

\_\_\_\_\_  
**Department Phone**

\_\_\_\_\_  
**Department FAX**

\_\_\_\_\_  
**Department Website**

**Institution's Regional Accreditation** HLC (formerly NCA), MSC (formerly MSA), NEASC, NCCU, SACS, WASC

**Name of program for which you are seeking CFLE-approval (as it appears in course catalog):**

\_\_\_\_\_

**Degree Type:** Undergraduate  Graduate  (specify BA, BS, BA/BS or MA, MS, M.Ed., Ph.D., etc.) \_\_\_\_\_

**Name(s) of current Certified Family Life Educator(s) (CFLE) on faculty:**

\_\_\_\_\_

**Name(s) of current NCFR Member(s) on faculty:**

\_\_\_\_\_

**Name of faculty member who will serve as CFLE Contact (liaison between NCFR and approved program):**

\_\_\_\_\_

**Name, phone number, and email address of person submitting the Academic Program application materials:**

\_\_\_\_\_

**Application Review fee: \$825** Non-refundable review fee and application form is due for each distinct program at each level. For example, submitting a BS in Family Science and BS in Child Development requires two fees/forms. Submitting both an undergraduate and a graduate program also requires two fees/forms. A single program with slightly different tracks pays one fee. **(DO NOT include payment information if emailed; provide a phone number and we will call you for payment)**

Payment Method -  Check/money order  Visa  MasterCard  AMEX  Discover  Diners Club  JCB (Japan)

Amount \$ \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(Please provide the mailing address associated with the credit card statement)*

U.S. funds drawn on U.S. banks only. Overpayment of \$10 or less is considered a contribution. Service charge for all returned checks is \$30. Make check or money order, payable to NCFR. Membership dues are subject to change without notice. FEI 41-0762436