

Certified Family Life Educator (CFLE) Academic Program Approval - 2023

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: cfle@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 Jessica Oswald – jessicaoswald@ncfr.org or 763-231-2894

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: \$835 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. **A \$50 late fee will be charged if application materials are not received within 3 months of payment of the application 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