

## Certified Family Life Educator (CFLE) Academic Program Renewal Application - 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](mailto: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](mailto:jessicaoswald@ncfr.org) or 763-231-2894

**Office Use Only**

**Amount Paid**

**Date Paid**

**Payment Type**

**NCFR Program ID#** (found on program approval certificate and/or in CFLE program approval letter): \_\_\_\_\_

\_\_\_\_\_  
 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 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** (enclose additional sheet if needed): \_\_\_\_\_

**Name(s) of current NCFR Member(s) on faculty** (enclose additional sheet if needed): \_\_\_\_\_

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

**Application Review fee: \$580** Non-refundable review fee and application form is due for each distinct program at each level. **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