

Certified Family Life Educator (CFLE) Academic Program Renewal Application - 2024

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

Email: cfl@ncfr.org **(DO NOT include payment information if emailed; NCFR staff will follow up with electronic payment information)**

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# (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: \$609 Non-refundable review fee and application form is due for each distinct program at each level. **A \$50 late fee will be charged if all application materials are not received within 3 months of the programs renewal due date. (DO NOT include payment information if emailed; NCFR staff will follow up with electronic payment information)**

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