



Certified Housing Counselor®

Enrollment Form

****Fields in BOLD must be completed for enrollment****

Date: _____ \ _____ \ _____

Name: _____

Employer: _____

Job Title: _____

Work Address: _____

City: _____ **State:** _____ **Zip:** _____

**If military or overseas, please also list city and country*:*

City: _____ **Country:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Contact you **at home** **at work**

Highest Education Level Completed:

High school diploma

Community or technical degree

BS or BA degree

MS or MA degree

Ph.D. Degree

Other _____

Professional Designations: (in good standing):

ACC ChFC

CFCS CLU

CFP CEBS

CPA

Other _____

Employment Experience(s): (check all that apply)

Financial **Counseling** **Other** _____

College or University

Teaching

Cooperative Extension Service

Financial Aid

Financial Institution

Bank

Brokerage House

Credit Union

Insurance

Other Financial Services Firm

Military

Years of Experience

0-2 years **10-20 years**

2-5 years **20+ years**

5-10 years

<u>Fees</u>	
Enrollment (non refundable)	\$50 \$ _____
CHC Course 1	\$400 \$ _____
CHC Course 2	\$400 \$ _____
CHC Course 3	\$400 \$ _____
Postal charge (non-US only)	\$35 \$ _____
TOTAL ENCLOSED	\$ _____

Payment Information

VISA **MasterCard** **American Express** **Check #** _____

Card Number: _____ **Exp. Date:** _____

Name on Card: _____

Signature: _____

Mail: AFCPE, 1500 W Third Avenue, Suite 223, Columbus Ohio 43212 *Fax:* 614-485-9621