

AFCPE® Experience Verification Form

Updated April 2024

Incomplete or illegible applications will not be processed. Candidates are encouraged to consolidate experience hours onto one form per Verifier. *For full functionality of document and signature fields, please open in Adobe Reader and not your web browser.*

SECTION A To be completed by Candidate

CANDIDATE INFORMATION

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Date of Enrollment in the AFC program: _____

Experience Start Date: _____ Experience End Date: _____

How many experience hours are you reporting on this form? (1-1000): _____

VERIFIER INFORMATION (see page 2 for Verifier requirements)

Last Name: _____ First Name: _____

Job Title: _____

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

I grant permission to the company/organization listed in Section A to release to AFCPE® the information requested on this form for the purposes of verifying my employment and/or experience. I attest that all information provided on this form is accurate and truthful and I acknowledge that failure to submit complete or accurate information may result in disciplinary action including the suspension or revocation of AFC® certification.

Candidate Signature

Date

AFCPE® Verifier Qualification Requirements

The verification must be completed by a qualified independent third party not related to the candidate (a candidate may not verify their own hours):

- Verifiers must be authorized by the company or organization listed in Section A to verify employment or experience.

-OR-

- Verifiers must have appropriate professional experience related to personal finance, financial counseling, financial education, financial planning, or related field, **AND**
- Verifiers must be knowledgeable about the [AFCPE Standards of Practice](#) and [Code of Ethics](#) and agree that, to the best of their knowledge, these standards have been upheld by the candidate during the accumulation of their experience, **AND**
- Verifiers must be knowledgeable about the [AFC Core Competencies](#) and understand that qualified experience must relate to these.

SECTION B To be completed by Verifier

Applicants for certification are required to document at least 1,000 hours of related experience. **Applicants have three years from the date of enrollment (see page 1) and may include relevant hours accrued up to seven years prior to the date of enrollment.**

VERIFIER INFORMATION

Last Name: _____ First Name: _____

Job Title: _____

Company/Organization Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

I attest that the certification candidate identified in Section A has obtained relevant experience during the timeframe specified (not more than 7 years prior to the enrollment date in Section A). I further attest that I am authorized by the company listed above to provide the information and verification included on this form or otherwise meet the Verifier Qualification Requirements.

Verifier Signature

Date