



Policy Exception Request

SECTION I: Instructions

CFP Board establishes and administers standards for financial planning professionals for the benefit of the public. CFP Board has established policies and requirements for CFP® certification and enforces those policies and requirements in a consistent manner. Exceptions to established policies and requirements are rarely granted. CFP Board will review only those policy exception requests that are submitted with this form. Please allow 10 business days for a response to your request.

Once you have completed the form and assembled all materials you wish to have considered with your policy exception request, email or fax your request to CFP Board at:

Attn: Policy Exception Review
Email: PolicyExceptions@CFPBoard.org
Fax: 202-379-2299

SECTION II: Personal Information

Name: _____ CFP Board ID # (if applicable): _____

Organization Name (if applicable): _____

Mailing Address: _____

Email: _____ Phone: _____

Please note: Waivers are not granted for initial certification requirements

SECTION III: Policy Description

Identify the subject area for which you request an exception:

- | | |
|--|--------------------------------|
| Education (including continuing education) | Renewal |
| Examination Experience | Reinstatement |
| Fee Policies | Initial Certification deadline |
| | Emeritus |

Describe briefly the specific policy for which you request an exception:

SECTION IV: Exception Request

Describe briefly why you believe CFP Board should grant you an exception to the policy described in Section III.

All documentation you wish CFP Board to consider with your request must be enclosed with this form. Please identify each enclosed document in the spaces below.

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION V: Acknowledgement

I hereby affirm that I am over the age of eighteen and I authorize the investigation of all statements made by me to CFP Board including, but not limited to, those statements contained in this form.

I affirm that all statements and documentation supporting my request are true and accurate.

I understand that misrepresentation or omission of facts is cause for denial or revocation of the right to use the CFP® certification marks, and that I may not use the marks until I receive official notification of my certification by CFP Board.

I understand that CFP Board enforces the policies and requirements for CFP® certification in a consistent manner and grants exceptions to established policies and requirements only in the rarest of circumstances.

I understand that my request, including any documentation attached thereto, will be reviewed by CFP Board’s Managing Director, Professional Practice and that CFP Board will issue a determination letter no later than 10 business days from the date my request is received at CFP Board.

I understand that I may choose to appeal the decision stated in the determination letter by submitting a written appeal to CFP Board’s Policy Exception Committee, which is made up of CFP Board’s Chief Executive Officer, General Counsel, and a rotating senior-level staff appointee.

I understand that any appeal must be received at CFP Board no later than 30 days from my receipt of the determination letter.

I understand that waivers are not granted for initial certification requirements, and that all applicants must meet the education, degree, exam and experience requirements and that one of those requirements cannot substitute for another.

I understand that the Policy Exception Committee meets four times each year, once per quarter, and that the Policy Exception Committee will review my appeal at its next scheduled meeting.

I understand and agree that the decision of the Policy Exception Committee is final.

I agree that neither CFP Board nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, and I hereby release CFP Board and the other persons identified above from any liability for such actions or omissions.

Signature: _____ Date: _____

PLEASE ALLOW 10 BUSINESS DAYS FOR A RESPONSE TO YOUR REQUEST