

# CFP® Certification Reinstatement Application 2018/2019

The following application must be completed in its entirety in order for FPSC to review your request for reinstatement of your CFP certification. This application will take approximately five to ten minutes to complete. All documents referenced in this application are available at [fpsc.ca](http://fpsc.ca).

If you are a former CFP professional whose certification has lapsed due to non-renewal or suspension, you are permitted to seek reinstatement of your CFP certification within five years of the date your certification expired, subject to the following reinstatement policies. You must:

- Have continued to adhere to the *Standards of Professional Responsibility for CFP® Professionals and FPSC Level 1® Certificants in Financial Planning*;
- Complete the CFP® Certification Reinstatement Application;
- Provide documentation of Continuing Education (CE) requirements for each year not certified.
- Pay a pro-rated certification fee.
- Pay a separate non-refundable reinstatement fee.

It is important that you complete the entire application and check the information provided for accuracy prior to submission. Unfortunately FPSC cannot process incomplete applications.

For personal assistance in completing the application, please feel free to contact FPSC's Stakeholder Support Team at 416.593.8587, 1.800.305.9886 or [inform@fpsc.ca](mailto:inform@fpsc.ca).

For additional information on maintaining your certification, please refer to the *Policies and Guidelines for Obtaining and Maintaining Certification for CFP Professionals and FPSC Level 1 Certificants in Financial Planning*.

## PART A | Personal Information (please print)

Name
FPSC ID Number

Check here if you do not have a business address.

Check here if your business address is unchanged since you were last certified by FPSC.

Business Name			
Job Title			
Suite	Business Address (street number and name)		
City	Province	Postal Code	Country
Phone ( )	Ext.	Fax	
Business Email		Toll Free	Ext.

Check here if your residential address is unchanged since you were last certified by FPSC.

Suite	Residential Address (street number and name)		
City	Province	Postal Code	Country
Phone ( )	Fax		
Home / Personal Email			

Preferred contact information:  Business  Residence

FPSC will use your preferred contact information to communicate with you. Please keep your contact information current, including email address, mailing address, telephone and fax numbers, by updating your FPSC Portal or emailing [inform@fpsc.ca](mailto:inform@fpsc.ca) promptly to notify us of any changes. It is your responsibility to ensure your contact information is accurate and up-to-date.

# PART B | Declarations and Professional Obligations

## Definitions

### Bankruptcy

Bankruptcy means having declared bankruptcy, or been petitioned into bankruptcy, made an assignment, proposal or plan (including any Notice of Intention thereof) under any bankruptcy or insolvency legislation, been subject to or instituted any proceedings, arrangement or compromise with creditors, or had a receiver and/or receiver-manager appointed).

### Business

“Business” means any business over which the Certificant has (or had at the time of the bankruptcy) a significant influence. Significant influence may include being: a partner, officer, director or shareholder holding at least 10% of the voting shares of the business.

### Offence

Offence includes, without limitation, an offence under:

1. The Criminal Code (Canada);
2. Any other Act of the Legislature of a province or territory of Canada or an Act of Parliament, which includes allegations (explicitly or implicitly) of or relating to:
  - i. Breach of trust;
  - ii. Corruption;
  - iii. Forgery;
  - iv. Fraud;
  - v. Other activities involving deceit or dishonesty for personal gain or advantage;
  - vi. Perjury;
  - vii. The sale or trade of financial products and services; and/or
  - viii. Theft.

If charged with an Offence, a CFP professional shall immediately notify FPSC, in writing, and provide specifics in respect of the Offence.

## 1. Attestations

a) Since signing your last application for CFP certification with FPSC, have you or any business with which you are/were involved been charged with, pleaded or been found guilty of an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Since signing your last application for CFP certification with FPSC, have you or any business with which you are/were involved been sanctioned, fined, held liable, pleaded or been found guilty by any tribunal, court, professional-oversight body, licensing body and/or self-regulatory body for any reason whatsoever?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Since signing your last application for CFP certification with FPSC, has any judgment or garnishment been rendered against you or any business with which you are/were involved, or is any judgment or garnishment currently outstanding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Since signing your last application for CFP certification with FPSC, have you received notice of a pending or current complaint, investigation, or proceeding against you or any business with which you are/were involved before any professional-oversight body, licensing body and/or self-regulatory body for any reason whatsoever?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Since signing your last application for CFP certification with FPSC, have you received notice of a civil proceeding against you before a tribunal or court of a province or territory of Canada and/or have you commenced a civil proceeding before a tribunal or court of a province or territory of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Since signing your last application for CFP certification with FPSC, have you been found in breach of a Court Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Since signing your last application for CFP certification with FPSC, have you filed or declared bankruptcy, or entered into a consumer proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Since signing your last application for CFP certification with FPSC, has any business with which you are/were involved been declared bankrupt, been petitioned into bankruptcy, made an assignment, proposal or plan and/or had a receiver-manager appointed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## PART B | Declarations and Professional Obligations Continued

If you have answered “yes” to one or more of the above, please describe the principal facts, including dates, and the outcome, if any, on a separate attached sheet and include copies of any relevant documentation with this application. Relevant documentation may include, for example:

- Proposals and/or discharges relating to bankruptcy;
- Pleadings (statements of claim, statements of defence, notices of application, etc.), court orders, endorsements and/or decisions; and
- Notices, letters, published settlement agreements, orders and decisions from licensing or regulatory bodies such as IIROC, MFDA, etc.

### 2. Attestations for a Prior Year

If you answered “yes” in a prior year’s renewal to one or more of the declarations **and the matter is still outstanding**, indicate the renewal year and specific attestation(s) in the boxes below:

Renewal Year	Attestations (See Attestations under 1. Attestations. Please circle all that apply.)
	a)      b)      c)      d)      e)      f)      g)      h)

### 3. Professional Obligations

I understand that, as a CFP professional, I have a professional obligation to provide complete and accurate Declarations to FPSC and to report any changes to the above Declarations in writing to FPSC within <b>15 days</b> of becoming aware of a change. I will send any such reports to FPSC by mail or via email to <a href="mailto:inform@fpsc.ca">inform@fpsc.ca</a> . I will also report, within <b>15 days</b> of notice, any outcome reached in respect of any matters declared on this or prior application forms. I understand that this is an ongoing obligation and that failure to report this information within the required timeframe is a breach of the <i>Standards of Professional Responsibility for CFP® Professionals and FPSC Level 1® Certificants in Financial Planning</i> .	INITIAL
I understand that, as a CFP Professional, if I am charged with an offence, I shall <b>immediately</b> notify FPSC, in writing, and provide specifics in respect of the offence together with all relevant documentation.	
I understand that, as a CFP professional, I must fulfill my professional and ethical obligations as outlined in the <i>Standards of Professional Responsibility</i> , <i>FPSC’s Continuing Education Guidelines</i> , and the <i>Marks Use Guide for Canadian CFP Professionals</i> .	

### 4. Right to Enforce

I understand that failure to comply with my professional and ethical obligations may result in remedial/disciplinary action by FPSC including, without limitation, revocation, suspension or other restriction on my ability to use the CFP Marks. I further understand that any such disciplinary action may impact my ability to obtain or maintain certification by FPSC as a CFP professional in the future. I understand and acknowledge that FPSC is not restricted in its ability to investigate my conduct and take remedial/disciplinary action in response to concerns regarding activities that occurred while I was certified by FPSC or allegations of a breach of the <i>Standards of Professional Responsibility</i> , even if I am no longer certified by FPSC when a review of my conduct is initiated by FPSC. Findings of professional misconduct by FPSC’s Hearing Panel will be publicized in accordance with FPSC’s Policy on the Publication of Disciplinary Information.	INITIAL
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### 5. Privacy

I consent to the manner in which FPSC will collect, use, disclose and otherwise maintain my personal information as set out in FPSC’s Privacy Policy ( <a href="http://fpsc.ca/privacy-legal">fpsc.ca/privacy-legal</a> ).	INITIAL
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## PART C | Continuing Education (CE) Requirements for Years Lapsed

In order to maintain the integrity and reputation of CFP certification and to ensure that your knowledge and competence remain current, you are responsible for completing 25 credits of Continuing Education (CE) each calendar year in accordance with the *FPSC Continuing Education Guidelines*.

At least one credit out of the 25 CE credits must fall under the category of Professional Responsibility. This requirement links directly to the professional obligations that you have agreed to as a condition of certification, as embodied in FPSC's *Standards of Professional Responsibility*.

You are exempt from CE requirements in the year that you pass the CFP examination and the following calendar year.

As part of our commitment to the integrity of CFP certification, each year FPSC conducts random audits in which CFP professionals are required to provide evidence of CE credits claimed. Please ensure that you have sufficient documentation to verify all CE credits. Refer to the *FPSC Continuing Education Guidelines* for further details.

### Mandatory Continuing Education Requirements

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	Yes	No
Have you completed your mandatory CE requirements for each calendar year that your certification was lapsed?	<input type="checkbox"/>	<input type="checkbox"/>

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#### Answered Yes:

If you indicated that you have completed the mandatory credits per calendar year, please proceed to Part D – Marketing Your Designation.

#### Answered No:

As you stated that you have NOT completed your mandatory CE requirements per calendar year, please indicate the reason:

Maternity / Parental Leave       Not Yet Required       Other \_\_\_\_\_

If you have answered “No” to the question above, you are required to complete and submit to FPSC a *Continuing Education (CE) Exemption Request Form* along with the required supporting documentation with this application. Failing to submit this completed request form on time may result in a delay in the processing of your CFP Certification Reinstatement Application. Please contact [inform@fpsc.ca](mailto:inform@fpsc.ca) to request the form.

## PART D | Marketing Your Designation

As a CFP professional, your name, city, province, certification status and whether or not you are practicing will automatically appear on FPSC's Find a Planner or Certificant search tool. There are an average of 17,000 monthly pageviews from individuals seeking planning assistance from FPSC-certified individuals. This tool is frequently referenced in the media as a key resource for Canadians seeking competent and ethical individuals in their area. We encourage you to take advantage of this marketing opportunity by enhancing your profile using the fields below.

Do you currently practice financial planning and work directly with clients?  Yes  No

I would like to show the information indicated below in my public profile on the Find a Planner or Certificant search tool and provide my consent therein. In addition to the information provided below, my business address, phone number and email address will also be shown.

INITIAL

**Please note:** The Find a Planner or Certificant search tool is available on FPSC's public website and as such is subjected to complete public access. FPSC does not monitor or control the use of information obtained through this publicly accessible tool.

### Voluntary Public Profile

To maximize your marketing opportunity to those utilizing the Find a Planner or Certificant search tool, we recommend that you provide as much information as possible by answering the questions below.

1. Please indicate your financial planning areas of specialty. (please select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agriculture / Farm business planning    | <input type="checkbox"/> Estate planning                      | <input type="checkbox"/> Post-retirement benefits   |
| <input type="checkbox"/> Business planning                       | <input type="checkbox"/> Executive compensation and benefits  | <input type="checkbox"/> Responsible investing      |
| <input type="checkbox"/> Credit counselling and bankruptcy       | <input type="checkbox"/> Insurance planning                   | <input type="checkbox"/> Retirement income planning |
| <input type="checkbox"/> Cross-border and international planning | <input type="checkbox"/> Investment planning                  | <input type="checkbox"/> Severance planning         |
| <input type="checkbox"/> Divorce and separation planning         | <input type="checkbox"/> Mortgages and debt planning          | <input type="checkbox"/> Small business planning    |
| <input type="checkbox"/> Education planning                      | <input type="checkbox"/> Planning for those with disabilities | <input type="checkbox"/> Succession planning        |
| <input type="checkbox"/> Employee / Group benefit plans          | <input type="checkbox"/> Private banking                      | <input type="checkbox"/> Tax planning               |

2. What is the range of investible assets of the clients you generally work with?

- 0 - \$99,999  \$100,000 - \$499,999  \$500,000 - \$999,999  \$1,000,000 +

3. Please indicate the types of clients that you service. (please select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Caregivers            | <input type="checkbox"/> Professionals         | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Medical practitioners | <input type="checkbox"/> Professional athletes |  |
| <input type="checkbox"/> Pre-retired           | <input type="checkbox"/> Retired               |  |

4. Please indicate the languages in which you service your financial planning clients. (please select all that apply)

- |                                    |                                  |                                     |   |                                     |
|------------------------------------|----------------------------------|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> English   | <input type="checkbox"/> Farsi   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Punjabi            | <input type="checkbox"/> Tamil      |
| <input type="checkbox"/> French    | <input type="checkbox"/> German  | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Russian            | <input type="checkbox"/> Ukrainian  |
| <input type="checkbox"/> Arabic    | <input type="checkbox"/> Hindi   | <input type="checkbox"/> Polish     | <input type="checkbox"/> Spanish            | <input type="checkbox"/> Urdu       |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tagalog (Filipino) | <input type="checkbox"/> Vietnamese |

## PART E | Profile of the Profession Information

The information you provide below is aggregated with information provided by other CFP professionals and is used to profile the financial planning profession when FPSC is working with media, members of the public, potential candidates and other stakeholders who have an interest in the general trends related to the profession. This information is **only** used in an aggregated and anonymous form. Please refer to our Privacy Policy at [fpsc.ca/privacy-legal](http://fpsc.ca/privacy-legal).

If you have any questions regarding the completion of this section, please contact FPSC's Stakeholder Support Team at 416.593.8587 or 1.800.305.9886 or email [inform@fpsc.ca](mailto:inform@fpsc.ca).

### Designations

1. For the purposes of our records, FPSC is interested in knowing if you have completed any of the following: (please select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Accredited Investment Fiduciary (AIF)        | <input type="checkbox"/> Elder Planning Counselor (EPC)                       |
| <input type="checkbox"/> Accounting Designation (CPA)                 | <input type="checkbox"/> Fellow of the Canadian Institute of Actuaries (FCIA) |
| <input type="checkbox"/> Bachelor of Laws (LL.B.)                     | <input type="checkbox"/> Personal Financial Planner (PFP) – post June 2011    |
| <input type="checkbox"/> Certified Divorce Financial Analyst (CDFA)   | <input type="checkbox"/> Planificateur financier (Pl.Fin.)                    |
| <input type="checkbox"/> Certified Health Insurance Specialist (CHS)  | <input type="checkbox"/> Registered Financial Planner (R.F.P.)                |
| <input type="checkbox"/> CERTIFIED FINANCIAL PLANNER® (Other Country) | <input type="checkbox"/> Registered Retirement Consultant (RRC)               |
| <input type="checkbox"/> Chartered Financial Analyst (CFA)            | <input type="checkbox"/> Trust and Estate Practitioner (TEP)                  |
| <input type="checkbox"/> Chartered Investment Manager (CIM)           | <input type="checkbox"/> None of the above                                    |
| <input type="checkbox"/> Chartered Life Underwriter (CLU)             |   |

2. What is the highest level of education that you have completed?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> High School Diploma    | <input type="checkbox"/> Undergraduate Degree (B.Comm, BBA, BSc, BA, etc.) | <input type="checkbox"/> Masters Degree (MBA, MEd, etc.) |
| <input type="checkbox"/> 2-year College Diploma | <input type="checkbox"/> 3-year College Diploma                            | <input type="checkbox"/> Doctorate (PhD)                 |

3. Do you intend to complete any of the following within the next three years?

- |   |  |
|---|--|
| <input type="checkbox"/> 2-year College Diploma | <input type="checkbox"/> Undergraduate Degree (B.Comm, BBA, BSc, BA, etc.) |
| <input type="checkbox"/> 3-year College Diploma | <input type="checkbox"/> I do not intend to complete any of the above.     |

4. Please check any of the following associations you are a member of:

- |                                  |                                |                               |                              |  |
|----------------------------------|--------------------------------|-------------------------------|------------------------------|--|
| <input type="checkbox"/> Advocis | <input type="checkbox"/> CIFPs | <input type="checkbox"/> IAFP | <input type="checkbox"/> IFB | <input type="checkbox"/> None of the above |
|----------------------------------|--------------------------------|-------------------------------|------------------------------|--|

5. What is the status of your employment?

- |                                    |                                    |                                  |   |
|------------------------------------|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Retired | <input type="checkbox"/> Not working / On leave |
|------------------------------------|------------------------------------|----------------------------------|---|

6. Are you currently practicing as a financial planner?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. Regulatory bodies: (please select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> I am licensed to sell mutual funds. | <input type="checkbox"/> I am licensed to sell securities.                                |
| <input type="checkbox"/> I am licensed to sell insurance.    | <input type="checkbox"/> I am not licensed to sell mutual funds, securities or insurance. |

## PART E | Profile of the Profession Information Continued

8. Please indicate which one of the following best describes your place of employment: (please select only one)

- Accounting Firm       Credit Union       Financial Planning Firm       Insurance Company  
 Bank       Educational Institution       Investment/Mutual Fund Company       Managing General Agency (MGA)  
 Other: \_\_\_\_\_

9. Which of the following best describes the business area in which you work? (please select only one)

- Retail       Wealth Management/Brokerage       Insurance       Other: \_\_\_\_\_

10. What is your primary job function? (please select only one)

- Actuarial Services       Executive Management       Insurance Advice       Tax Advice  
 Compliance       Full Service Financial Planning       Legal Advice       Will/Estate Planning  
 Education/Training       Investment Advice       Lending/Credit Advice       Other: \_\_\_\_\_

11. What were your total gross earnings from your primary job function this past year?

- 0 – \$49,999       \$50,000 – \$99,999       \$100,000 – \$149,999       \$150,000 – \$199,999       \$200,000+       Prefer not to answer

12. How many years of work experience do you have offering financial planning services?

Years: \_\_\_\_\_

13. Is CFP certification required by your employer?

- Yes       No

14. Is CFP certification encouraged by your employer in either of the following ways? (please select all that apply)

- FPSC certification fees paid in whole or in part by employer       CE activities paid in whole or in part by employer

## PART F | Volunteer Opportunities

CFP professionals often volunteer their time with FPSC in the maintenance and growth of standards, which serve to protect the integrity of the CFP designation. In addition, we have a number of ambassador programs where CFP professionals act as resources and liaisons with educators, media and local elected officials. Would you be interested in any of the following volunteer opportunities?

- Career Recruitment       Financial Planning Content Development       Media Interview Opportunities  
 Disciplinary Hearing Panels       FPSC Board of Directors       Public Policy Ambassador  
 Examination Item Development, Scoring or Field Testing       FPSC Conduct Review Panel       Standards Panel

## PART G | Attestation

I confirm that all information contained in this CFP Certification Reinstatement Application is accurate, true and complete.

Signature

Date



# PART H | Payment

<b>2018/2019 Reinstatement Fee</b>	<b>AB, BC, MB, NT, NU, QC, SK, YT</b>  \$469.35 (\$447 + 5% GST)	<b>ON</b>  \$505.11 (\$447 + 13% HST)	<b>NB, NL, NS, PE</b>  \$514.05 (\$447 + 15% HST)
<b>2018/2019 Certification Fee*</b>	<b>AB, BC, MB, NT, NU, QC, SK, YT</b>  \$469.35 (\$447 + 5% GST)	<b>ON</b>  \$505.11 (\$447 + 13% HST)	<b>NB, NL, NS, PE</b>  \$514.05 (\$447 + 15% HST)

\*This will be prorated to March 31, 2019 at time of payment.

## Method of Payment (select one)

FPSC currently does not accept American Express.

- Money order
- Cheque (payable to Financial Planning Standards Council or FPSC)
- Visa
- Mastercard

### Credit Card Information (please print card number clearly)

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Name on Credit Card (Please print clearly)

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Signature

Date

Business# 894829878RT