

CMP™ Candidate Application

For staff use only:



Type of Application: Initial Renewal

PERSONAL DATA	FULL LEGAL NAME					
	HOME ADDRESS					
	CITY					
	STATE		ZIP CODE			
	SOCIAL SECURITY NUMBER				DATE OF BIRTH	
	HOME PHONE			MOBILE		
	E-MAIL ADDRESS*					

*Note: This is the email address where your official score report will be sent.

OCCUPATIONAL DATA	BUSINESS NAME					
	BUSINESS ADDRESS					
	CITY					
	STATE		ZIP CODE			
	WORK PHONE			FACSIMILE		
	E-MAIL ADDRESS					
	WEBSITE ADDRESS					

EDUCATIONAL PATHWAY** (circle applicable pathway) **1 2 3 4** ** See candidate handbook for explanation.

EDUCATIONAL REQUIREMENT	SCHOOL ATTENDED					
	DATES ATTENDED				DEGREE ACHIEVED	
	APPLIES TO PATHWAY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TRANSCRIPT	<input type="checkbox"/> Attached <input type="checkbox"/> Separate <input type="checkbox"/> N/A	
	SCHOOL ATTENDED					
	DATES ATTENDED				DEGREE ACHIEVED	
	APPLIES TO PATHWAY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TRANSCRIPT	<input type="checkbox"/> Attached <input type="checkbox"/> Separate <input type="checkbox"/> N/A	
	SCHOOL ATTENDED					
	DATES ATTENDED				DEGREE ACHIEVED	
	APPLIES TO PATHWAY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TRANSCRIPT	<input type="checkbox"/> Attached <input type="checkbox"/> Separate <input type="checkbox"/> N/A	

NOTE:
 For additional educational or experience history attach additional sheets.
 Provide transcript only if being used to meet a pathway requirement.
 For renewal application, please attach proof of continuing education.

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EXPERIENCE REQUIREMENT

EMPLOYER***			1	2	3	4
TYPE OF WORK						
DATES OF EMPLOYMENT	FROM		TO			
EMPLOYER***			1	2	3	4
TYPE OF WORK						
DATES OF EMPLOYMENT	FROM		TO			
EMPLOYER***			1	2	3	4
TYPE OF WORK						
DATES OF EMPLOYMENT	FROM		TO			

***For each employment experience, please also indicate which pathway the experience applies to by circling the corresponding number.

LICENSES AND CREDENTIALS

DO YOU HOLD ANY PROFESSIONAL LICENSES OR CERTIFICATIONS? Yes No

PLEASE INDICATE ALL PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOLD:

Licensed Attorney Certified Paralegal Licensed in insurance: Life Health Property/Casualty

Licensed Stock Broker Registered Investment Advisor Investment Advisor Representative

Enrolled Agent Certified Public Accountant Certified Financial Planner®

Other: _____

Other: _____

Other: _____

Note: If the status of the professional license or certification is an element of your chosen pathway, please provide proof of the license or certification.

ETHICS ACKNOWLEDGMENT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

As part of my application to be a Certified Medicaid Planner™, I state that I have read and fully understood the CMP™ Ethical Principles. I understand that receiving the CMP™ credential is a privilege that represents not only that I have the prerequisite education and experience and have demonstrated my knowledge through taking and passing the CMP™ certification exam, but that I conduct myself according to the accepted ethical principals and tenants of my profession.

By signing below, I hereby certify that I have the prerequisite education and experience (or have filed an experience waiver because I will receive the requisite experience within the allowed time) and that I vow to uphold the tenants and rules contained in the CMP™ Ethical Principles and conduct myself in a manner consistent with maintaining the profession’s public image. I recognize that any ethical violations may result in disciplinary action and, as a condition of being credentialed as a Certified Medicaid Planner™, I agree to submit to any and all inquires and subject myself to any and all disciplinary actions as determined by the CMP™ Governing Board.

I HEREBY SWEAR AND AFFIRM THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

● APPLICATION/RENEWAL FEE PAID ONLINE ● CHECK ENCLOSED PAYABLE TO "THE WEALTH PRESERVATION INSTITUTE" OR "WPI"

X	Applicant's Signature	Date