

# CEPA Renewal Application



# CEPA

Certified Exit Planning Advisor

Thank you for your continued support of the Certified Exit Planning Advisor (CEPA) credential. Please read and complete each section fully and accurately in clear, legible handwriting or type. You may submit the application anytime during the year of your renewal. However, all qualifying continuing education must be completed at the time the application is submitted and within the renewal period. The complete application must be received by the CEPA office by the designated application deadline.

**Please initial each page and mail or fax your completed application to:**

Mail: Exit Planning Institute  
2413 W. Algonquin Road, #504  
Algonquin, IL 60102-9402

Fax: (847) 594-6114

**Receipt of your application and payment will be acknowledged within two weeks.**

The CEPA program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability. Additional information on CEPA program requirements, policies, and procedures is available in the CEPA Candidate Handbook and CEPA program web page. For further assistance, contact CEPA staff at **847-458-2124** or [cepa@exit-planning-institute.org](mailto:cepa@exit-planning-institute.org).

### APPLICATION CHECKLIST

Please be sure to complete all 4 sections of this application.

- **Section 1: Renewal Applicant Information** - I have completed all renewal applicant information and noted where I would like the CEPA mailed correspondence sent.
- **Section 2: Payment** - I have included payment information with this renewal application.
- **Section 3: EPI Code of Ethics & Professional Standards and Application Attestation** - I pledge to adhere to the EPI Code of Ethics and Professional Standards and have signed the Application Attestation to fulfill program requirements.
- **Section 4: Professional Development Activities** - I have completed at least 40 hours of qualifying broad-based exit planning professional development to fulfill program requirements.

# CEPA RENEWAL APPLICATION

## SECTION 1

### RENEWAL APPLICANT INFORMATION

(Check which address you would like used for mailed correspondence)

Applicant Name \_\_\_\_\_

Title of Present Position \_\_\_\_\_

Company \_\_\_\_\_

#### Business Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Business telephone \_\_\_\_\_

Business Fax \_\_\_\_\_

#### Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-MAIL \_\_\_\_\_

Web site: www. \_\_\_\_\_

## SECTION 2

### PAYMENT

**All fees must accompany this application.** The renewal fee is \$165.00, due by October 31, of your expiration year. It is possible to obtain an extension until December 31, for a \$100 fee.

Payment type:  Check  Visa  MasterCard  Discover  American Express

EPI Member \$165

Cardholder Name: \_\_\_\_\_

Additional Extension Fee \$100  
(if submitting after October 31)

Credit Card Account #: \_\_\_\_\_

Total Payment Included: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: (on back) \_\_\_\_\_

(Credit cards will be charged a 3.5% convenience fee)

Zip Code of billing address: \_\_\_\_\_

Please send me a receipt

Billing Address: \_\_\_ Home \_\_\_ Business

Signature: \_\_\_\_\_

Make checks payable to Exit Planning Institute



Please initial each page before submitting completed application \_\_\_\_\_

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# SECTION 3

## EPI STANDARDS OF CONDUCT

I pledge to:

- Maintain exemplary standards of professional conduct.
- Actively model and encourage the integration of ethics into all aspects of exit planning and the company which employs me.
- Pursue the objectives of the Exit Planning Institute in ways that are ethical.
- Recognize and discharge my responsibility and that of the company that employs me to uphold all laws and regulations in implementing the policies and conducting the activities of the company.
- Strive to continually advance my knowledge and achieve higher levels of excellence in exit planning.
- Maintain the confidentiality of all privileged information, except when doing so becomes an ethical or legal breach of conduct.
- Serve all clients fairly, holding foremost the interests of the company that employs me and its industry or profession; faithfully executing my duties and never using my position for undue personal gain; and promptly and completely disclosing to appropriate parties all potential and actual conflicts of interest.
- Actively advance, support, and promote EPI membership and the profession of exit planning through word and deed.

## RENEWAL APPLICATION ATTESTATION

In making this renewal application, I fully understand that it is a renewal application only and does not guarantee renewal. I understand and, by my signature, attest that I now, and will in the future, adhere to the EPI Code of Ethics & Professional Standards. I further understand any false statement or misrepresentation that I may make in the course of these proceedings and renewal application may result in the revocation of this renewal application and the issuance of a complaint of violation on said Standards.

I understand that EPI reserves the right to revise or update this renewal application and the Code of Ethics & Professional Standards, and that it is my responsibility to be aware of EPI's current requirements. I further understand that I am obligated to inform EPI of changed circumstances that may materially affect my renewal application. I further understand that it is my responsibility to provide EPI with any requested documentation in connection with this application.

I understand and agree that if I am recertified following acceptance of this application, such certification does not constitute EPI's warranty or guarantee of my fitness or competency to practice as an exit planning advisor. If I am recertified, I authorize EPI to include my name in a list of certified individuals and agree to use the CEPA certification and related EPI trade names, trademarks, and logos only as permitted by EPI policies. I understand and agree that EPI may also use anonymous and aggregate application and exam data for statistical and research purposes. I attest that I have no felony convictions related to the practice of exit planning or any related profession.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 4

### PROFESSIONAL DEVELOPMENT ACTIVITIES

You must have completed 40 hours of exit planning-related continuing education within the last three years to renew your CEPA certification. Alternatively, you may substitute 10 hours of leadership activities, authorship, or teaching activities for 10 hours of professional development activities. When renewing for the first time, renewal applicants may include qualifying CEPA credit hours not previously submitted for CEPA credit provided that have been completed less than three years prior to the date of renewal (e.g. coursework undertaken after submission of the CEPA application.) You will receive one CEPA credit hour for each clock hour of a qualifying program, up to a maximum of six CEPA credit hours per calendar day. Only full hours may be listed. (In the case of partial hours, round down to the full hour.) When not self-evident, please provide a description to indicate program content and its relation to the CEPA exam content outline.

You will receive two hours credit for each year of service as a volunteer in a named capacity, such as vice chair of the board or chair of a committee or task force. You will receive two hours credit for each session or course in which you were the content leader, and for each article, chapter or book written.

Please indicate the total number of hours you have submitted for credit and provide a detailed listing for each program or activity. You may reproduce this page, or attach a similarly organized report detailing the required information. There is no requirement to attach documentation or proof of attendance at educational events or background information. However, the CEPA program reserves the right to request and audit documentation confirming the information reflected on your application.

PROFESSIONAL DEVELOPMENT ACTIVITIES	From	TO	NUMBER OF HOURS
Title of Program: _____	_/_/___	_/_/___	_____
Sponsoring Organization: _____			
Description:			
Title of Program: _____	_/_/___	_/_/___	_____
Sponsoring Organization: _____			
Description:			
Title of Program: _____	_/_/___	_/_/___	_____
Sponsoring Organization: _____			
Description:			
Title of Program: _____	_/_/___	_/_/___	_____
Sponsoring Organization: _____			
Description:			

*Please attach additional sheets as necessary*

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<b>LEADERSHIP, AUTHORSHIP, AND TEACHING ACTIVITIES</b>	<b>From</b>	<b>TO</b>	<b>NUMBER OF HOURS</b>
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
Service / Title: _____	_/_/___	_/_/___	_____
Organization/Publication: _____			
Description:			
			<b>TOTAL HOURS</b>
			_____

*Please attach additional sheets as necessary*

*Please initial each page before submitting completed application*