

CFP^{CM} Certification

Application Form



The global symbol of excellence
in financial planning

IMPORTANT NOTES

1. There are two parts in this form: Application Instructions and Application Details. Please read Application Instructions carefully before completing this form.
2. Please complete in BLOCK LETTERS and in BLACK.
3. Please note that the complete application with all required documents and appropriate fee must be submitted in person or by mail to the office :

OPERATIONS DEPARTMENT (CERTIFICATION)

Institute of Financial Planners of Hong Kong

Unit 2601, 26/F., Bank of East Asia Harbour View Centre, 56 Gloucester Road, Wanchai, Hong Kong

"Re: Application for CFP Certification"

4. Incomplete or fax applications will **not** be accepted under any circumstances.
5. All applications are subject to review and approval by the IFPHK. IFPHK may in its absolute discretion refuse to approve any application. If you have any concerns, issues or further queries regarding the CFP^{CM} Certification application, please contact us by email at cert@ifphk.org.
6. IFPHK observes the requirements and provisions of the Personal Data (Privacy) Ordinance.

APPLICATION INSTRUCTIONS

Section I: Personal Particulars

Please fill in all contact information and indicate your correspondence address by checking the box next to your office address or home address. If you do not indicate, all correspondence will be sent to your home address.

Earnings Code:

E 1	Less than HK\$200,000	E 4	HK\$600,000 - Less than HK\$800,000
E 2	HK\$200,000 - Less than HK\$400,000	E 5	HK\$800,000 - Less than HK\$1,000,000
E 3	HK\$400,000 - Less than HK\$600,000	E 6	HK\$ 1 million or above

Section II: Education

1. Please indicate you are degree holder or non-degree holder by checking the box. Only degrees received from accredited universities will be accepted. The following qualifications are considered as degree equivalent:
 - HK Polytechnic (3 year professional diploma)
 - HK City Polytechnic (3 year diploma)
 - HK Baptist College (3 year and 4 year diploma)
 - HK Lingnan College (3 year and 4 year diploma)
 - HK Shue Yan College (3 year and 4 year diploma)
2. Please indicate the highest academic qualification you attained at or above HKCEE level
3. For degree holders, please attach certified true copies of the transcript(s) or certificate(s) of the highest academic qualification at or above bachelor degree level.
For non-degree holders, please attach a certified true copy of the HKCEE certificate or a certificate of the equivalent qualification.
4. Certified True Copies
Unless originals* are submitted, only certified copies from the following institutions/ authorities/ approved professionals** are accepted as Certified True Copies:
 - i) IFPHK registered education program providers
 - ii) Registrar of local self-accredited universities
 - iii) HR department of current employer
 - iv) Commissioners of Oaths of Government of HKSAR
 - v) Individuals with approved credentials** listed below:
 - CERTIFIED FINANCIAL PLANNER^{CM}, CFP^{CM}
 - Associate/Fellow of Association of Chartered Certified Accountants (ACCA/FCCA)
 - Associate/Fellow of Association of International Accountants (AAIA/FAIA)
 - Associate/Fellow of Chartered Institute of Management Accountants (ACMA/FCMA)
 - Certified General Accountant (CGA)
 - Certified Management Accountant - Australia, Canada, US (CMA)
 - Chartered Accountant (CA) (Australia, Canada, England and Wales, Ireland, New Zealand, Scotland, South Africa, Zimbabwe)
 - Chartered Financial Analyst (CFA)
 - Chartered Financial Consultant (ChFC)
 - Chartered Life Underwriter (CLU)
 - Fellow of Australian and New Zealand Institute of Insurance and Finance (ANZIIF(Fellow))
 - Fellow of Chartered Insurance Institute (FCII)
 - Fellow of the Society of Actuaries (FSA)
 - Members of Chartered Institute of Public Finance and Accountancy (CPFA)
 - Member of Hong Kong Bar Association
 - Member of Hong Kong Law Society
 - Member of Hong Kong Institute of Certified Public Accountants (FCPA/CPA)
 - Doctoral Degree in Business/Economics

* Original documents submitted will not be returned.

** Individuals who certify copies of documents must (1) sign on copies of all pages of the transcripts, including the front and back of the transcripts, (2) write down their credentials and valid license numbers, and (3) attach their current business cards showing the approved credentials and detailed contact information.

Section III: Examination

You should fill in the month and year that you passed the CFP certification examination.

No examination certificate is required.

Section IV: Experience**1. Experience Requirement**

To apply for CFP certification, you must have minimum qualified work experience in financial planning, either 3 years if you are a degree holder or 6 years if you are a non-degree holder with a minimum of 5 passes in HKCEE or equivalent.

2. Definition of Qualified Work Experience

Qualified experience is the active use of knowledge and skill to provide¹ or teach² comprehensive financial planning advice to clients³ in accordance with IFPHK's Six Steps of Financial Planning Process (see table 1).

Six Steps of Financial Planning Process	Including.....
1. Establishing client-planner relationships	explaining the issues and concepts related to the personal financial planning process
2. Gathering client data and determining goals and expectations	interviewing or questioning the client about various aspects of his or her financial resources, obligations and expectations; determining your client's goals, needs and priorities; assessing your client's values and attitudes; and determining the client's time horizons and risk tolerance; collecting applicable client records and documents
3. Determining the client's financial status by analysing and evaluating client's information	analyzing and evaluating client data such as current cash flow needs, risk management, investments, taxes, retirement, employee benefits, estate planning and/or special needs
4. Developing and presenting the financial plan	presenting and reviewing the plan with the client; working with the client to ensure that the plan meets his or her goals and expectations, and revising the recommendations as necessary
5. Implementing the financial plan	coordinating with other professionals, such as accountants, attorneys, real estate agents, investment advisers, stock brokers and insurance agents
6. Monitoring the financial plan	discussing with the client any changes in his or her personal circumstances, evaluating changing tax laws, and making recommendations based on new or changing conditions

TABLE 1. IFPHK Six Steps of Financial Planning Process

¹ Supervising the provision of or directly supporting the delivery of comprehensive financial planning advice to clients **may not be 100% recognized** as qualified experience. Recognition is based on IFPHK's absolute sole discretion.

² Credit for teaching is limited to teaching of CFP certification curriculum in an IFPHK Registered Program. Teaching other finance related classes (university level) is given a maximum of two years worth of experience credit. The rest of the experience must be personal financial planning experience or teaching the CFP certification curriculum courses full-time in an IFPHK Registered Program.

³ "Clients" are individuals who engage a financial planning professional and for whom professional services are rendered. Pro-bono experience may be recognized, provided that there is a client AND you are acting as a financial planning professional who is capable and qualified to offer objective and comprehensive financial advice to or for the benefit of individuals for achieving their financial planning objectives.



Please turn over for more instructions on completing Sections V to VII

Other Requirements:

- a. Residency work experience requirement
Based on the declared residency status of the applicant, at least one year of relevant working experience must be gained in the region/country of residency.
- b. Valid time period for experience
Experience may be gained up to ten years before or up to eight years after the last CFP certification exam date. If the work experience is not fulfilled within this time frame, the candidacy for CFP certification may be terminated.
- c. Part-time work experience
Part-time employment is credited towards the requirement on an hourly basis, with 2,000 hours representing the equivalence of one year full-time. Please indicate the total number of work hours claimed.

3. Experience Information

- a. You are required to provide details of your employment history in financial planning for the last 10 years in the order of the most recent.
- b. If you had several positions in the same company, please fill in separate pages to specify details in each position.
- c. Make copies of this section and attach additional sheets if necessary.
- d. An updated resume must be attached.

4. Industry Code

Please choose the industry code that best describes the industry you are serving.

I 1	Retail Banking	I 6	Independent Financial Advisor	I 11	Account Practice
I 2	Private Banking	I 7	Fund House	I 12	Academia
I 3	Investment Banking	I 8	Asset Management	I 13	Real Estate Sector
I 4	Life Insurance	I 9	Securities Brokerage	I 14	Others
I 5	General Insurance	I 10	Legal Practice		

5. Experience Record Verification

The submitted experience record must be verified and attested by your current supervisor, or a member of the senior management, or the human resources manager of your current employer. If you are a sole proprietor, a third party product provider may verify your experience. In case if none of these individuals is able to do so because of insufficient information, a professional with approved credentials must attest your experience record instead. They must also provide their certificate or letter of good standing.

Section V: Declaration

Please read the Declaration, Terms and Conditions of Certification, Data Protection Agreement carefully before you sign the application form.

Section VI: Membership

As a CFP certificant, you are eligible to join IFPHK as an Ordinary Member with waiver of annual membership fee. Please indicate if you do **not** wish to enjoy this benefit.

Section VII: Payment Details

- a. Please enclose an application fee of HK\$1,000 and an annual certification fee of \$1,800 (in which, 15% will be contributed to IFPHK capital fund) with this application.
- b. The renewal date is 1 January each year.
- c. If you apply between January and June, please pay HK\$2,800.
- d. If you apply between July and December, please pay HK\$1,900 which includes the pro-rata certification fee of HK\$900 (in which, 15% will be contributed to IFPHK capital fund).
- e. If your application is unsuccessful, the certification fee will be refunded to you in due course. **Application fee is non-refundable.**

Photos

For the purpose of acknowledging new CFP certificants in the newspaper supplement, please attach 2 photos of size 1.5" x 2" with your name and HKID Number at the back. Photos in electronic format are acceptable with a minimum resolution of 300 dpi.

Checklist

Please go through the checklist carefully and return it with your application form.

Acknowledgement of Receipt

- a. Application form submitted by mail or by courier: acknowledgement of receipt sent by email.
- b. Application form submitted in person: acknowledgement of receipt provided during the time of submission.

Sample of Section IV – Experience

An updated resume must be attached with detailed description of job duties in each position

If you have several positions in the same /different companies, please make copies of this page and fill in separate pages to specify the details in each position

Section IV: Experience

Name of Employer (Name of Company) Tai Fat Bank Limited

Position Held (Job title) Customer Relationship Manager

Department Western Branch, Sales & Distribution Department

Description of Job Duties (1) establishing client-planner relationships, (2) gathering client data and determining goals and expectations, (3) determining the client's financial status by analyzing and evaluating client's information, (4) developing and presenting the financial plan, (5) implementing the financial plan, (6) monitoring the financial plan

Industry Code# 2 Period of Employment 3/2001 to 6/2004
mm/yyyy mm/yyyy

Full-time
 Part-time (Total no. of work hours claimed over the period of employment: _____)

Qualified experience = 3 year(s) 3 month(s)

Job Relevancy

1. Daily work relates to provision of one or more of the six primary elements of the personal financial planning process
 Yes. Estimated % 100 No (Please skip questions 2 to 6)

2. Daily work involves face to face contact with clients
 Yes. Estimated % 70 No

3. Type of clients that you will recommend financial services/products to
 Individual. Estimated % 80 Institutional. Estimated % 20 } Total = 100%

4. Type of products recommended
 life insurance % 60 investment-linked insurance % 20
 securities/ unit trusts % 20 tax planning % _____
 others (Please specify: _____) % _____ } Total = 100%

5. Type of advice provided
 insurance planning % 60 investment planning % 40
 employee benefits % _____ tax planning % _____
 retirement planning % _____ comprehensive financial planning % _____ } Total = 100%

6. Type of license hold
 Investment advisor (License no.: _____)
 Investment representative (License no.: ABC888)
 Insurance agent (License no.: 12345678)
 Insurance broker technical representative (License no.: _____)

*For teaching related post
(i) Taught in an IFPHK registered CFP education program? Yes Estimated % _____ No
(ii) Taught other finance related classes? Yes Estimated % _____ No

Declaration for Work Experience

Declaration by Direct Supervisor / Member of Senior Management / Human Resources Manager / Third-party Product Provider*

I hereby certify that I have known the applicant for 8 years, and that ALL work experience information provided by the applicant in Section IV is accurate to my knowledge.

I understand that IFPHK staff may contact me if they need to obtain more information about the work experience of the Applicant.

Signature David Chan Date 10 March 2009

Name Mr. Chan Tai Man David

Position and Department Branch Manager, Sales & Distribution Department

Company Tai Fat Bank Limited

Contact Tel 2222 3456 Email address davidchan@taifatbank.com

Please refer to the Industry Code in "APPLICATION INSTRUCTIONS" and choose the industry code that best describes the industry you are serving
* Please ignore if not applicable

Refer to the "Industry Code" table in Application Instructions

Total = 100%

Total = 100%

Total = 100%

Certified by direct supervisor / member of senior management / Human Resources Manager

Provide contact information of certifier



CFP^{CM} CERTIFICATION APPLICATION FORM

For official use only

Name				Ref No	
Date Received	Data entry	Completed with all info	Payment	Evaluation	Final Approval
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks:					

APPLICATION DETAILS

Section I: Personal Particulars



Title: Dr / Mr / Mrs / Ms / Miss¹ Chinese Name _____
(if applicable & as printed on your ID card/passport)

Surname _____ Given Name _____
(as printed on your ID card/passport) (as printed on your ID card/passport)

Date of Birth (DD/MM/YYYY) _____ HKID/Passport No.¹ _____

IFPHK Membership No.(if applicable)² _____

Professional Qualification¹:
CFA / CGA / CMA / ChFC / FCII / FSA/ FCPA / CPA / Others _____

Office Address (Correspondence) _____

Home Address (Correspondence) _____

Telephone _____ (Office) _____ (Home)
_____ (Mobile) Fax _____

Email address _____
(For regular communication and sending acknowledgement of receipt (if applicable))

Earnings in the past year E (Please refer to Earnings Code in "APPLICATION INSTRUCTIONS")

Currently Held Statutory Licences

- | | |
|--|--|
| <p>SFC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type 1 Dealing in Securities <input type="checkbox"/> Type 2 Dealing in Futures Contracts <input type="checkbox"/> Type 3 Leveraged Foreign Exchange Trading <input type="checkbox"/> Type 4 Advising on Securities <input type="checkbox"/> Type 5 Advising on Futures Contracts <input type="checkbox"/> Type 6 Advising on Corporate Finance <input type="checkbox"/> Type 7 Providing Automated Trading Services <input type="checkbox"/> Type 8 Securities Margin Financing <input type="checkbox"/> Type 9 Asset Management | <p>IA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Agent <input type="checkbox"/> Responsible Officer of Insurance Agency <input type="checkbox"/> Technical Representative of Insurance Agent <p>Others</p> <ul style="list-style-type: none"> <input type="checkbox"/> MPF Intermediaries <input type="checkbox"/> PIBA <input type="checkbox"/> CIB |
|--|--|

¹ Delete where not appropriate

² Applicant should apply for the CFP certification within 6 months from his/her last examination date OR possess an active Associate (Graduate) Membership

Section I: Personal Particulars (Continue)

Preference³

1. To help save the environment, will you consider online renewal with IFPHK sending you a reminder notice?
- Yes (IFPHK will send you a reminder notice for online renewal)
 - No (IFPHK will send you the printed renewal pack with enclosed renewal form)
2. To help save the environment, will you consider receiving the online version of the IFPHK journal / newsletter?
- Yes (IFPHK will send you an email alert for downloading the latest copy of the IFPHK journal / newsletter)
 - No (IFPHK will send you the printed version of the IFPHK journal / newsletter)
3. If you do not want to receive any promotional emails from IFPHK, please "tick" here.
4. IFPHK always strives to communicate with you in bilingual format (English and Chinese). If a bilingual format is not available, please indicate your preferred language of communication⁴:
- English
 - Chinese

³ Upon approval of your CFP^{CM} certification application, IFPHK will follow the above preference to communicate with you, if feasible.

⁴ IFPHK will take into consideration your preferred language whenever possible. However, certain publications/communications channel may not be translated to the preferred language due to copyright, legal or other reasons.

Section II: Education

- Degree Holder Non-degree Holder

Name of Education Institution	From (mm/yy) to (mm/yy)	Highest Qualification Attained

Section III: Examination

When did you pass all four papers of the CFP Certification Examination? _____ (MM/YYYY)

Section IV: Experience



Name of Employer (Name of Company) _____

Position Held (Job title) _____

Department _____

Description of Job Duties _____

Industry Code⁵ _____ | _____ Period of Employment _____ to _____
mm/yyyy mm/yyyy

- Full-time
- Part-time (Total no. of work hours claimed over the period of employment: _____)

Qualified experience = _____ year(s) _____ month(s)

Job Relevancy

1. Daily work relates to provision of one or more of the six primary elements of the personal financial planning process
 - Yes. Estimated % _____
 - No (Please skip questions 2 to 6)
2. Daily work involves face to face contact with clients
 - Yes. Estimated % _____
 - No
3. Type of clients that you will recommend financial services/products to
 - Individual. Estimated % _____
 - Institutional. Estimated % _____
4. Type of products recommended

<input type="checkbox"/> life insurance % _____	<input type="checkbox"/> investment-linked insurance % _____
<input type="checkbox"/> securities/ unit trusts % _____	<input type="checkbox"/> tax planning % _____
<input type="checkbox"/> others (Please specify: _____)	% _____
5. Type of advice provided

<input type="checkbox"/> insurance planning % _____	<input type="checkbox"/> investment planning % _____
<input type="checkbox"/> employee benefits % _____	<input type="checkbox"/> tax planning % _____
<input type="checkbox"/> retirement planning % _____	<input type="checkbox"/> comprehensive financial planning % _____
<input type="checkbox"/> estate planning % _____	
6. Type of license hold
 - Investment advisor (License no.: _____)
 - Investment representative (License no.: _____)
 - Insurance agent (License no.: _____)
 - Insurance broker technical representative (License no.: _____)

For teaching related post⁶

- (i) Taught in an IFPHK registered CFP certification education program? Yes Estimated % _____ No
- (ii) Taught other finance related classes? Yes Estimated % _____ No

Declaration for Work Experience



Declaration by Direct Supervisor / Member of Senior Management / Human Resources Manager / Third-party Product Provider⁷

I hereby certify that I have known the applicant for _____ years, and that **ALL** work experience information provided by the applicant in Section IV is accurate to my knowledge.

I understand that IFPHK staff may contact me if they need to obtain more information about the work experience of the Applicant.

Signature _____ Date _____

Name _____

Position and Department _____

Company _____

Contact Tel _____ Email address _____

⁵ Compulsory field to be filled in for statistical purpose. Please refer to the Industry Code in "APPLICATION INSTRUCTIONS" and choose the industry code that best describes the industry you are serving.

⁶ Please ignore if not applicable.

⁷ Delete where not appropriate

Section V: Declaration

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted of an offence involving a criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or have you ever been bankrupt, whether declared or not? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused membership of a statutory body or other professional body in respect of your professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been refused professional indemnity insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been subject to disciplinary proceedings or expelled by a statutory body or other professional body in respect of your professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any other matters that may impact on IFPHK's consideration of your application? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If you have answered YES to any of the above questions, please provide more details by attaching all relevant documents relating to the matters at issue.

Terms and Conditions of Certification

- I have read and agree to be bound by IFPHK's *Memorandum and Article of Association* and the regulations of the CFP Certification, as updated from time to time, together with the various documents referenced therein, including IFPHK's *Disciplinary Rules and Procedures* and IFPHK's *Code of Ethics and Professional Responsibility* at all times in practice.
- In consideration of IFPHK granting me the rights to use the *CFP Marks*, I shall observe and adhere to the Guide to Use of the *CFP Marks* and shall indemnify IFPHK and FPSB for all liability, loss and damages, costs, legal costs, professional costs and expenses of whatsoever nature incurred or suffered by FPSB or IFPHK whether direct or consequential arising out of, or a result of, my, or my permitting the, misuse of the Marks otherwise than strictly in accordance with the *Guide to Use of the CFP Marks*.
- I understand that the rights to use the *CFP Marks* are granted by IFPHK to me. I understand that such a license is limited to a fixed period of time. At the end of the period, if the license is not renewed, the license expires and any right to use the *CFP Marks* will terminate upon expiration of the license but without prejudice to any rights which IFPHK or FPSB may have against me for any antecedent breaches of the IFPHK's *Code of Ethics and Professional Responsibility, Disciplinary Rules and Procedures* as well as the *Memorandum and Article of Association* and/or the misuse of the *CFP Marks* prior to the termination of the license period. If I fail to comply with license renewal requirements, I agree to cease use of the *CFP Marks* immediately. I understand that the IFPHK may relinquish any rights I have in the use of *CFP Marks* if I fail to maintain current license status.

Data Protection Agreement

- I explicitly consent that any personal information (personal data) from time to time collected or held by IFPHK (whether contained in this application or obtained otherwise) is provided and may be held, used, processed and/or disclosed (i) in accordance with and for the purpose outlined in the Data Privacy Statement herein, and/or (ii) to permit and enable IFPHK to:
 - fully and fairly process my application,
 - disclose any personal data where IFPHK has an obligation to make such disclosure under the requirements of any law binding on IFPHK,
 - disclose my certification status, date of certification, professional standing and history of disciplinary actions as a CFP certificant and the date of my ceasing to be a CFP certificant (if applicable) to the public,
 - use my personal data to compile statistics and analyse the results wholly for use within IFPHK,
 - disclose my personal data to Financial Planning Standards Board Ltd. (FPSB) and its affiliate members for statistical purpose.
- I understand that I may refuse to provide personal data as requested in the application or otherwise, but such refusal, or the provision of inaccurate personal data may result in IFPHK being unable to or refusing to process this application.
- I agree that IFPHK may disclose my CFP certification status to my employer (being the entity with which I have an employment, agency or similar contractual obligation, and/or the holding companies, subsidiary companies or associated members of such entity) [that is kept in the IFPHK record] upon their request.
 Yes No
- I understand that I have the right to check whether IFPHK holds personal data about me and that, if so, I have a right of access to my personal data. I can request IFPHK to correct any inaccurate personal data and if I need to obtain a copy of my personal data or have it corrected, I can write to IFPHK at Unit 2601, 26/F., Bank of East Asia Harbour View Centre, 56 Gloucester Road, Wanchai, Hong Kong.

By my signature below,

- I agree to ALL the Terms and Conditions of Certification and Data Protection Agreement stated in SECTION V; and
- I declare that the statements made in this application and any attachments are accurate and true. I authorise the investigation of all statements made by me with respect to this application. I agree to be subject to any disciplinary rules of IFPHK for any misrepresentation in this application.

Signature _____ Date _____

CHECKLIST FOR APPLICANTS

Please note that applications not substantiated by the required supporting documents will delay the processing procedures. Before submitting your application, you are reminded to ensure that all documents are in order. The following checklist is to assist you in completing the application and preparing the supporting documents. Please complete and return it with your application form.

Please check and ensure the documents you have submitted by putting a tick "✓" in the appropriate boxes below:

Documents to be checked and submitted by ALL applicants

- All information is filled out properly.
- Application form is completed, signed and dated.
- Certified true copies of your HKCEE certificate OR university transcript(s) are attached.
- Your updated resume is attached.
- Your photos are attached for publication of newspaper supplement.
- Payment form is completed. For payment by cheque, a crossed cheque payable to "IFPHK Ltd." is attached.

Section VI: Membership

Please indicate if you would **not** like to enjoy the benefit of complimentary ordinary membership of IFPHK.

No, I do not want to join IFPHK as an Ordinary Member.

Section VII: Payment Details

Payment enclosed:



Full Year: HK\$2,800

Half Year (apply after 1 July): HK\$1,900

Payment Method:

Payment by cheque to: "IFPHK Ltd." (Bank: _____ Cheque No.: _____)

Payment by credit card: VISA MasterCard

I authorize The Institute of Financial Planners of Hong Kong Limited to debit the above sum from my credit card account.

Card No. _____ - _____ - _____ - _____

Cardholder's Name _____ Card Expiry Date _____ (MM/YY)

Cardholder's Signature _____ Date _____

For Official Use only		
Name of applicant	Ref No.	Remarks

ACKNOWLEDGEMENT OF RECEIPT

For CFP^{CM} Certification Application Form Submitted in Person



To: _____ (Please fill in your full name)

We hereby acknowledge the receipt of your CFP^{CM} Certification Application Form.

For your information, the processing time for this application will be around 6 to 8 weeks. During this period, IFPHK may contact you regarding supplementary information to ensure a smooth process.

If you have any concerns, issues or further queries regarding the CFP^{CM} Certification application, please contact us by email at cert@ifphk.org.