Accredited Financial Counsellor Canada SM

Enrolment Form

Date: M M / D D / Y Y Y Y *Please Print*

Name:

Employer:

Job Title:

Work Address:

City:

Province:

Postal Code:

Work Phone: - - Ext:

Fax: - -

Home Address:

City:

Province:

Postal Code:

Home Phone: - -

E-Mail:

Contact You: ☐ **at home** ☐ **at work**

Highest Education Level Completed:

- ☐ **High school diploma**
- ☐ **Community or technical degree/diploma**
- ☐ **BS or BA degree**
- ☐ **MS or MA degree**
- ☐ **Ph.D. degree**
- ☐ **Other:** _____

The Ontario Association of Credit Counselling Services

Telephone: 1-888-746-3328

Fax: 905-945-4680

Current Employment Type:

- ☐ **Executive Director**
- ☐ **Manager**
- ☐ **Counsellor**
- ☐ **Administrative**
- ☐ **Other:** _____

Authorization

By signing below, Enrolee gives OACCS the right to verify and share information with respect to the Accredited Financial Counsellor Canada[SM] program with the Association For Financial Counseling and Planning Education®.

Enrolee signature: _____

Date: _____

AFCC Program Fees

- ☐ Cheque
- ☐ Money Order ***Total Enclosed:*** *$999.00*

Please send your completed enrolment form, including cheque or money order payable to:

Ontario Association of Credit Counselling Services
P.O. Box 189, Grimsby, Ontario. L3M 4G3

OACCS is the exclusive licensee in Canada of the Accredited Financial Counsellor Canada[SM] certification program.

AFCC[SM] is a certification mark of the Association for Financial Counseling and Planning Education®.