

2010 Annual Recertification Form



Please complete number 4 below by circling either item (a) and filling in the name of the affiliated local council that you belong to or circling (b) and including the NAEPC At Large dues payment in your remittance. **Please remember that membership in an affiliated local council is REQUIRED to maintain your designation if that membership is geographically available to you (50 miles/60 minutes driving) and that you must reassess availability on an annual basis.** Any question regarding this policy should be directed to the NAEPC office *prior* to completing and returning the renewal.

I, _____, hereby certify that:

- 1) I am presently engaged in "estate planning activities" as defined by the NAEPC;
- 2) I am currently licensed in or currently hold the designation(s) of my primary discipline, the same is/are in good standing and I am not the subject of any current disciplinary investigation;
- 3) I have satisfactorily completed a minimum of 30 hours of continuing education during the previous 24 months, of which at least 15 have been in estate planning;
- 4) **circle one...**
 - a) I am presently a member in good standing of the affiliated _____EPC.

OR

- b) There is no EPC affiliated with NAEPC in the geographic location of my practice with available memberships in my discipline and I, therefore, ***maintain At Large membership in the NAEPC*** (dues are \$80/year in addition to \$100 AEP[®] dues);
- 5) I have currently satisfied the continuing education requirements of my designated professional discipline; and
- 6) I will promptly supply third-party verification or information from which third-party verification may be obtained regarding any of the foregoing, if I am one of the persons randomly selected for audit.

I agree that:

- A) I will continuously abide by the NAEPC Code of Ethics;
- B) I will adhere to the team concept of estate planning; and
- C) NAEPC may contact my applicable licensing authorities or designating organizations regarding my credentials and my continuing education providers and I authorize such authorities, organizations, and providers to respond to any inquiry.

SIGNED: _____

DATE: _____

Please return the original and maintain a copy of both sides of this form for your records.

Thank you!