

**APPLY TO BE A  
HEARING PANEL VOLUNTEER  
WITH CFP BOARD'S  
DISCIPLINARY AND ETHICS  
COMMISSION!**

CFP Board seeks experienced CFP® professionals to participate in CFP Board's peer-review process for reviewing alleged violations of the *Code of Ethics and Standards of Conduct* ("*Code and Standards*"). This is an important opportunity to work with other CFP® professionals on matters that are vital to CFP Board's mission. Successful applicants – "Hearing Panel Volunteers" – will assist the Disciplinary and Ethics Commission ("DEC") in interpreting and applying the *Code and Standards* to specific fact situations and determining, after careful deliberation, whether there has been a violation of CFP Board's rules and, if so, what sanction is appropriate.

We are honored that you are interested in serving as a volunteer!  
Please provide the requested information below.

**SECTION I: Contact Information**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**SECTION II: Professional Experience**

Please list your current position and the previous three.

Title:	Employer:	Dates:	Firm Size:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which of the following business models applies to you?

- Fee Only Financial Planner
- Commission-only Financial Planner
- Broker-Dealer
- Bank
- Fee & Commission Financial Planner
- Registered Investment Adviser
- Insurance Company
- Other/Not Applicable

If Other/Not Applicable, please explain:

**SECTION III: Previous Volunteer / Board / Council / Commission Experience (at CFP Board or Otherwise)**

Please provide the following information for each organization with which you have served. Add additional page if necessary.

**Organization 1**

Organization name: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Leadership Positions held, if any, and length of time: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reference names, phone numbers, & email addresses: \_\_\_\_\_

**Organization 2**

Organization name: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Leadership Positions held, if any, and length of time: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reference names, phone numbers, & email addresses: \_\_\_\_\_

**SECTION IV: Degrees, Licenses, Designations, and Certifications**

**1. Educational Degrees:**

Degree:	Date Received:	College or Institution:
Degree:	Date Received:	College or Institution:
Degree:	Date Received:	College or Institution:

**2. Licenses, Designations or Certifications:**

Designation:	Date Received:	Granting Organization:
Designation:	Date Received:	Granting Organization:
Designation:	Date Received:	Granting Organization:

**SECTION V: Disclosures**

1. Have you ever had a license or designation relinquished or revoked?      Yes      No      If Yes, Please explain below.

2. Have you ever declared bankruptcy?      Yes      No      If Yes, Please explain below.

3. Are you currently, or have you ever been, the subject of any complaints by a client?      Yes      No      If Yes, Please explain below.

**4. Are you currently, or have you ever been, investigated or disciplined by any self-regulatory organization, federal government agency, or state government agency?**

Yes

No

If Yes, Please explain below.

#### **SECTION VI: Hearing Panel Volunteer Qualification Questions**

Please respond to the following. Add additional pages if necessary.

**1. Please describe your specific qualifications that would make you an effective Hearing Panel Volunteer.**

**2. Have you ever reviewed and analyzed large quantities of documents? If so, please describe.**

**3. Have you ever been a member of a group that was responsible for making an important decision? If so, describe your interaction with the other decision makers and the contributions you made to the decision-making process.**

**4. A CFP® professional has borrowed money from a client. Should CFP Board's Disciplinary and Ethics Commission discipline this professional? If so, what sanction would be appropriate? Explain your reasoning.**

**5. Serving as a Hearing Panel Volunteer requires a substantial time commitment, and involves preparation, including in-person meetings, conference calls, and other commitments. How will you be able to meet this responsibility?**

6. What else should we know about you that is not reflected elsewhere in this Application?

**SECTION VII: Submittal and Acknowledgement**

I agree that everything on and attached to this form is correct and accurate to the best of my knowledge.

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

Send your completed application by email to: [adjudications@cfpboard.org](mailto:adjudications@cfpboard.org)