



AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES

AAFCFS/CFC National Examination Examination Application Form

Identification and Contact Information (please print or type):

Last Name Middle Initial First Name Social Security #

US Postal Address

City State 9 Digit Zip Code

() - X () - X Evening Phone Daytime Phone

Email Address

Demographic Information:

Check the box best indicating your ethnicity:

Check the box indicating your gender:

- Native American, Asian, African American, Hispanic, White, Other

- Female, Male

Date of Birth: - - Month Date Year

Examination:

Check the box indicating the electronic examination for which you wish to register (one exam only per testing window):

- 200 Family & Consumer Sciences (FCS) – Composite Examination
201 FCS – Hospitality, Nutrition, & Food Science (HN&DS) Concentration Examination
202 FCS – Human Development & Family Studies (HD&FS) Concentration Examination
203 PFFE – Personal and Family Finance Educator (PFFE) Concentration Examination

Examination Window:

Check the box indicating the month in which you wish to take the examination:

- January - (December 20 application deadline)
March, - (February 20 application deadline)
May - (April 20 application deadline)
July - (June 20 application deadline)
September - (August 20 application deadline)
November - (October 20 application deadline)

Continued on next page.

Examination Administration Mode:

Check the administration mode:

- I wish to take the Examination at a SMT Computer Based Testing Center.
 - I wish to investigate taking the Examination via **Special Administration** at my educational institution. Please send me information about how to proceed. The family and consumer sciences administrator or instructor at my institution is:
Name: _____
Educational Institution name: _____
Phone: _____ E mail: _____
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Affidavit and Examination Agreement (Read the statement carefully and sign in ink):

I hereby affirm that:

- I am eligible to sit for the AAFCS examination based upon the requirements that are described in this bulletin.
- I will treat all information related to the examination as confidential, whether provided to me by AAFCS or received from other sources.
- All information provided by me in this application is true to the best of my knowledge. AAFCS may, in its sole discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this document to verify the accuracy and completeness of the information I have provided. I have fully read the contents of the Candidate Information Bulletin and agree with all examination and other policies contained therein.
- I understand that my successful performance on one of the exams in the AAFCS examination system will satisfy one of the requirements for the CFCS national professional certification. Subsequently, obtaining the CFCS credential would be optional and would require submitting a CFCS certification application and fee, agreeing to abide by the following Code of Ethics, and meeting ongoing professional development requirements.
- I understand that my test score will be reported to me. Additionally, I understand that if I have taken the exam as part of a program requirement, the entity in whose program I am participating may prearrange for a report of my test score.
- If I am taking an AAFCS examination to satisfy requirements for a university program or credential from an entity other than AAFCS, I understand that it is my responsibility to make formal notification/application for credit from that program.
- I understand that the cost of the electronically administered examination is \$150 to be paid directly to SMT, Inc. when the examination date and time is scheduled.

Applicant Signature (must be in ink)

Date

<p>Mail or FAX completed examination application but <u>no payment</u> to: American Association of Family and Consumer Sciences Attn: Certification Department 400 North Columbus Street, Suite 202 Alexandria, VA 22314 (703) 706-4663 (facsimile) (800) 424-8080 (toll-free phone)</p>
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