



# Application for FAP Final Assessment

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| <b>Candidate Information</b>  | Check here if you <u>do not</u> want to receive information from third party vendors <input type="checkbox"/> | Date of Birth: _____<br>Month Day Year  |
| CAND #:<br><i>For Office Use Only</i>   | ID #:<br><i>For Office Use Only</i>   | Check your primary address:<br><input type="checkbox"/> Work<br><input type="checkbox"/> Home |
| If a different name was used on a previous application, print it here:<br>_____   |   |   |
| Last Name / Family Name _____ First Name _____ Middle Name _____  |   |   |
| Organization (if office address is used for mailing):<br>_____  |   |   |
| Address:<br>_____   |   |   |
| City:   | State/Province:   | Zip/Postal Code: _____ Country _____  |
| Daytime TEL: _____  |   | E-MAIL: _____   |
| I have read and agree to abide by the <a href="#">SOA Terms and Conditions Agreement for eLearning Candidates</a> . I acknowledge that I have read and agree to adhere to the <a href="#">SOA Code of Conduct for Candidates</a> and the <i>Code of Professional Conduct</i> , as applicable. I further agree that the results of any Final Assessment submission, and any action taken as a result of my conduct (such as an irregularity, violation or cheating, and any hearings) may, at the sole discretion of the SOA, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or action. |   |   |
| Signature: _____<br>(Your <u>original</u> written signature is required for this application to be valid.)  |   |   |

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|---|--|
| <b>Supervisor Information</b>   | The following individual will supervise my FAP Final Assessment ( <b>Business Address Only</b> ):  |
| Please circle actuarial credential: <b>FSA</b> <b>FCAS</b> <b>FCIA</b> <b>FFA</b> <b>FIA</b> <b>FIAA</b> <b>FSPA</b><br>None (Please specify: supervisory position, etc.) _____ | <input type="checkbox"/> <b>Final Assessment Fee: \$1200</b>   |
| Last Name / Family Name _____ First Name _____  | Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST  |
| Company Name: _____   | You may <b>fax</b> your registration to<br><b>1-847-273-8529</b>   |
| Business Address ( <b>no P.O. boxes</b> ): _____  | Or, send application and <b>CHECK</b> payments to:<br>Society of Actuaries<br>P.O. Box 95600, Chicago, IL 60694-5600   |
| City: _____ State/Province: _____ Zip/Postal Code: _____  | OR . . .<br>If using <b>OVERNIGHT DELIVERY</b> or if paying by <b>CREDIT CARD</b> , send application to:<br>Society of Actuaries c/o FAP Services<br>475 North Martingale Road Suite 600<br>Schaumburg, IL 60173 |
| Daytime TEL: _____  |  |
| E-MAIL: _____   |  |
| Supervisor's Signature: _____   |  |
| <b>Indicate the credit card:</b> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa<br>All fields are required.        |  |
| Account Number: _____ CVV2 number _____   |  |
| Expiration Date: _____ / _____ Cardholder's Printed Name _____  |  |
| <b>Cardholder's Signature:</b> _____  |  |
| Cardholder's complete billing address (if different from applicant's): _____  |  |
| City _____ State/Province _____ Zip/Postal Code _____ Country _____   |  |

## FAP Final Assessment

Candidates taking the FAP Final Assessment must first complete all required modules, associated module activities, and have submitted all End-of-Module Assessments. The Final Assessment is designed for a level of candidate effort of approximately 25 hours. For details on submission deadlines, please refer to the [SOA Terms and Conditions for e-Learning Candidates](#).

### Securing a Final Assessment Supervisor:

**Candidates wishing to take the FAP Final Assessment must secure his/her own supervisor.**

Preferably, the Supervisor must be an FSA in good standing. If an FSA is not available, the following are also acceptable:

- FCAS, FCIA, FFA, FIA, FIAA, or FSPA
- An individual who is in a supervisory position and who is not potentially able to write FAP in the future. (HR department rep has occasionally served)

#### The role of the supervisor:

- Supervisors must be present during the download of Final Assessment materials to verify success of the download.
- Supervisors must be present during the upload of the Final Assessment submission to:
  - Attest that to the best of the supervisor's knowledge the submission represents the candidate's own work; and
  - Verify success of the upload.
- Supervisors must electronically attest to successful transmission of materials.
- Supervisors may proctor no more than 15 candidates at one sitting.
- Submit supervisor changes to [ellearn@soa.org](mailto:ellearn@soa.org).

### Cancellations/Refund Policy

To cancel a Final Assessment registration prior to login, follow the steps below:

- ◆ Go to [www.soa.org](http://www.soa.org)
- ◆ Select "My SOA" on the upper right side of the screen
- ◆ Scroll down to view order history
- ◆ Select the order you wish to cancel from your order summary
- ◆ Click the cancellation button and complete the form to submit your cancellation request

There is a \$100 administration fee for each cancellation issued. A refund will be issued, less administrative fees, in 2-4 weeks in the way the original payment was made.

If a Final Assessment is not submitted by the deadline as described in the [SOA Terms and Conditions for e-Learning Candidates](#), the Assessment will NOT be accepted, and you will need to register to retake the Final Assessment and submit appropriate fees. Refunds will not be issued for failing to submit the Final Assessment by the deadline.

Direct questions to [customerservice@soa.org](mailto:customerservice@soa.org)