

## Application for FAP Final Assessment

| Information from third party vendors   Birth:   Month   Day *Year    CAND #:   D #:   CAND #: | Candidate Information   | Check here if you do no       | t want to receive | Date of     |  |
|---|---|-------------------------------|-------------------|-------------|--|
| If a different name was used on a previous application, print if here:  Last Name / Family Name   First Name   Middle Name    Organization (if office address is used for mailing):  Address:  City:   State/Province:   Zip/Postal Code:   Country    Daytime TEL:   E-MAIL:    Lave read and agree to abide by the SQA Terms and Conditions Agreement for elearning Candidates.   Lacknowledge that I have read and agree to adhere to the SQA Code of Conocid for Candidates and the Code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing of the Code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing of the Code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing of the Code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing of the Code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing the code of Professional Conduct, as applicable.   Intuitive agree that the results of any adressing the code of Professional Conduct, as applicable.   Intuitive agree that the results of any agree to adhere to the SQA, be disclosed to any other bons in die actuarial organization that has a legitimate interest in such results and/or action.  Signature:   (Your original written signature is required for this application to be valid.)      Final Assessment Foe:\$1290  | Candidate information   | · —                           |                   | Dieth       |  |
| Far Office Die Only   Far Office Die Only   Home  | CAND #:   | ID #:                         |                   |             |  |
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| City         State/Province         Zip/Postal Code         Country   | Cardholder's complete billing   |                               |                   |             |  |
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## **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.

## **Cancellations/Refund Policy**

To cancel a Final Assessment registration prior to login, please email customerservice@soa.org.

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 <u>SOA Terms and Conditions for</u> 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