# Application for FAP End-of-Module Assessment

## Candidate Information

<table>
<thead>
<tr>
<th>CAND #</th>
<th>ID #</th>
<th>Date of Birth:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

Check here if you do not want to receive information from third party vendors: 

Check your primary address:  

- Work  
- Home

If a different name was used on a previous application, print it here:  

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Last Name / Family Name: ________________  
First Name: ___________________________  
Middle Name: __________________________

Organization (if office address is used for mailing):  

Address:  

<table>
<thead>
<tr>
<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
<th>Country</th>
</tr>
</thead>
</table>

Daytime TEL:  

E-MAIL:  

I have read and agree to abide by the [SOA Terms and Conditions Agreement for e-Learning Candidates](#). I acknowledge that I have read and agree to adhere to the [SOA Code of Conduct for Candidates](#) and the [Code of Professional Conduct](#), as applicable. I further agree that the results of any 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: ________________  

(Your original written signature is required for this application to be valid.)

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You may fax your registration to  

+1-847-273-8529

Or, send application and CHECK payments to:  

Society of Actuaries  
P.O. Box 95600  
Chicago, IL 60694-5600

**Please indicate which Assessment: _______**

**One retake grants access to one End-of-Module Assessment. Additional retake purchases are required if retaking more than one End-of-Module Assessment.**

Canadian residents add 5% GST, PE 14%, NB, NL, ON 13%, NS 15% GST/HST

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This area for office use only  
P  
C  
Check Number  
Payer

Indicate credit card:  

[ ] American Express  
[ ] MasterCard  
[ ] Visa

All information is required:  

Account Number: ________________________  
Expiration Date: _______ / _______  
Cardholder’s Printed Name______________________________________________

Cardholder’s Signature: __________________________

Cardholder’s complete billing address (if different from applicant’s):  

City__________________________  
State/Province ________  
Zip/Postal Code_______________  
Country_______________________
There are seven End-of-Module Assessments, one at the end of each Module (1-7). Module 8 does not have an End-of-Module Assessment. End-of-Module Assessments encourage additional practice of communication skills and application of new concepts and techniques to on-the-job activities. Each Assessment consists of one to two questions which candidates have 96 hours to complete. Results will be released three weeks after submission. Submissions that do not meet minimum requirements will receive feedback that identifies general areas for improvement.

Access to each End-of-Module Assessment is granted after completion of associated activities in that module.

### Cancellation/Refund Policy

To cancel an End-of-Module 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 an End-of-Module Assessment is not submitted within the 96 hour timeframe, the Assessment will **NOT** be accepted, and a refund will not be issued.

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