



Application for FAP Final Assessment

Recognized by the Canadian Institute of Actuaries

Candidate Information		Check here if you <u>do not</u> want to receive information from third party vendors <input type="checkbox"/>		Date of Birth: _____	
CAND #: _____		ID #: _____		Month _____ Day _____ Year _____	
<i>For Office Use Only</i>		<i>For Office Use Only</i>		Check your primary address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
If a different name was used on a previous application, print it 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:		
I have read and agree to abide by the SOA Terms and Conditions Agreement for eLearning Candidates . I acknowledge that I have read and agree to adhere to the SOA Code of Conduct for Candidates 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: _____ (Your <u>original</u> written signature is required for this application to be valid.)					

Supervisor Information		The following individual will supervise my FAP Final Assessment (Business Address Only):	
Please circle actuarial credential: FSA FCAS FCIA FFA FIA FIAA FSPA		<input type="checkbox"/> Final Assessment Fee: \$1200	
None (Please specify: supervisory position, etc.) _____		Canadian residents add 5% GST, PE 14%, NB,NL,ON 13%, NS 15% GST/HST	
Last Name / Family Name _____		First Name _____	
Company Name: _____			
Business Address (no P.O. boxes): _____			
City:		State/Province:	
		Zip/Postal Code:	
Daytime TEL: _____			
E-MAIL: _____			
Supervisor's Signature: _____			
Indicate the credit card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa All fields are required.			
Account Number: _____		CVV2 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 _____	

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

OR . . .
If using **OVERNIGHT DELIVERY** or if paying by **CREDIT CARD**, send application to:
Society of Actuaries c/o FAP Services
475 North Martingale Road Suite 600
Schaumburg, IL 60173

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.

Cancellations/Refund Policy

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

- ◆ Go to 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