



The Mortgage Institute for Financial Services Professionals

[www.mifsp.org](http://www.mifsp.org)

Mailing Address:  
 1426 Towne Lake Parkway  
 Suite 102  
 Woodstock, GA 30189  
 Fax (770) 517-2864

Application For Enrollment

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Name \_\_\_\_\_  
*(Exactly as you want it to appear on your diploma)*

Designation Sought \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Email Address \_\_\_\_\_ Alt E-Mail \_\_\_\_\_

Business Website URL \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID # of your own choosing \_\_\_\_\_  
*For security purposes this will be used for verification status or to change information*

Current Employer \_\_\_\_\_

Type of Company \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_

*Qualifying Work Experience Only (if necessary, please attach resume)*

Name of Company, City/State	From Mo/Yr	To Mo/Yr	Position Held	Contact Telephone Number For Purposes of Verification

*Educational Background (Starting w/High School)*

Name of Institution, City/State	From Mo/Yr	To Mo/Yr	Major/Course	Year Graduated	Degree Awarded

List licenses, other professional designations/credentials held, year obtained and the State (if applicable).

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**PLEASE ANSWER THESE QUESTIONS REGARDING BUSINESS AND ETHICAL CONDUCT:**

Have you ever been refused a surety bond? \_\_\_\_\_; Have you ever been convicted for any felony? \_\_\_\_\_; Have you ever been known personally by any other name, or have you ever conducted business in any other names? \_\_\_\_\_; Have you ever had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted, or had an application withdrawn for cause? \_\_\_\_\_; If you answered YES to any of the above questions, please attach a written explanation for each YES answer.

**PLEASE READ VERY CAREFULLY BEFORE SIGNING AND SUBMITTING APPLICATION.**

I hereby apply for enrollment in MIFSP and, in consideration of such organization receiving and considering my application, I agree that any decision of such organization as to my eligibility for enrollment and conferment, including the results of any examination(s) that I may be required to pass, will be accepted by me as final.

I further agree that neither the MIFSP, its officers, employees, and others acting on its behalf, shall be liable to me for any action taken or omitted to be taken in its official capacity or in the scope of employment, except as otherwise provided in the statutes, bylaws, or the company's rules and regulations.

I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and upon conferment of a MIFSP designation, I hereby agree to subscribe to the MIFSP Professional Code of Conduct, a copy of which I have read and understand.

It is agreed and understood that any material misrepresentation of facts or information given in this application will be cause for immediate termination of the enrollment process and/or denial of my application for enrollment or revocation of program registration, subject to a refund of all but \$25 of the application fee paid only.

As an applicant for enrollment, I understand and agree that my enrollment in a MIFSP educational program will not become effective until submission of all required documentation in proper order and upon receipt of written acceptance from the MIFSP.

I hereby apply for admittance into the \_\_\_\_\_ program and certify that to the best of my knowledge all information provided herein is true and correct. I hereby authorize the MIFSP to investigate the credentials and endorsements pertinent to my application and authorize the release of the same. Evidence of any license, diploma, or similar documents that support information provided within this application and relied upon to meet MIFSP enrollment requirements are submitted with the application. If such supporting evidence is not submitted with this application, I further agree to provide MIFSP any such supporting documentation as it may request.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

**Important Note:** Applicant must meet the conferment requirements for the MIFSP designation applied for on the date said application was submitted to MIFSP.