

Philanthropic Development Officer (PDO) Application

(01252012)

Please complete the following information and return original with any necessary attachments to:

Trust Counselors Network, Inc.
P.O. Box 605, 190 Bethlehem Pike, Suite One
Colmar, PA 18915

Information Provided

Education Information Completed License Information Completed (if applicable) PDO Information Completed (if applicable)
Was an Examination Completed?

Application Data

Name (Exactly as you want it to appear on your full-sized Philanthropic Development Officer Certificate, excluding degrees or other designations)

Mr. Mrs. Ms. Other: Your Preferred Salutation/Nickname (i.e. "Bill")

Please Print First Name, Middle, Last

Name of Business

Address City, State, Zip

Phone Number Fax Number Email Address

Residence Address City, State, Zip

Date of Birth Social Security Number FINRA CRD #

PDO Sponsor, if any Website URL

Your Educational Background (Since High School)

Name and Address of Institution	Location	From Mo/Year	To Mo/Year	Course of Major	Graduate?	Degree
---------------------------------	----------	--------------	------------	-----------------	-----------	--------

FINRA Member Firm (if any)

Securities Licenses: Series 7 Series 6, 22 or 63 Series 24 Series 27 Series 65 Other

Insurance Licenses: Life Health Variable Contracts Prop. & Casualty Other

Affiliated with a SEC Registered Investment Advisor (RIA)? Name of RIA

Designations:

AAMS	AEP	CEP	CFA	CFA	CFP	ChFC	CIMA	CLU	CPA	CPA/PFS	CSA
EA	FSS	JD/LLB	LLM	LUTCF	MBA	MS	MSFS	MSFM	Ph.D.	RFP	RHU
Other											

Trust Services Education: PDO Planning Process Course, held at: _____ Date Completed _____

Investment Course at: _____ Other Courses: _____

Financial Services Experience: Number of Years engaged as a practitioner in the field of financial services: _____ Full time _____ Part time _____

Questions Relating to Business and Ethical Conduct

Have you ever been refused a surety bond or other form of employment security	Yes	No
Have you ever been denied or enjoined from selling or dealing in securities or from functioning as an Investment Advisor?	Yes	No
Have you ever been arrested, indicted, or convicted for any felony or misdemeanor, except for minor traffic offenses?	Yes	No
Have you ever been known personally by any other name, or have you ever conducted financial activities, conducted business or carried brokerage or bank accounts in any other name?	Yes	No
Have you ever become insolvent, failed in business or compromised with creditors? If "Yes" – please provide the date, name and location of court, disposition, liabilities, and assets.	Yes	No
Have you ever had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted, or have you had an application of such type ever withdrawn for cause?	Yes	No
Have you ever been the subject of any order, judgement, decree or other sanction of a foreign court, foreign exchange, or have you ever been the subject of any action by a foreign or domestic governmental or regulatory agency?	Yes	No

If the answer to any of the above questions is "Yes", please attach a written explanation

The Following should be read very carefully by the applicant

1. I hereby certify that I have read and understand the foregoing statements and that my responses are true and complete to the best of my knowledge.
2. I hereby apply for PDO Certification and, in consideration of my application, I submit myself to the rules of TCN and hereby verify that I agree to abide by all the provisions of the bylaws and regulations of the TCN as they are and may be amended; and I agree to comply with all such requirements and penalties and limitations, subject to right of appeal as provided by law.
3. I further agree that neither the TCN nor its officers, employees, and others acting on its behalf, shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, bylaws, or the TCN's rules and regulations.
4. I authorize TCN to make available to any federal, state or municipal agency, or any securities or commodities industry self-regulatory organization, any information they may have concerning me or to request confirmation of my status, and I release those organizations, employees and agents, from any and all liability of whatever nature by reason of furnishing such information.
5. I further agree that any part of the information contained in this application and any subsequent documents in my PDO Certification file may be divulged to interested parties as part of the referral system maintained by TCN for the benefit of members and the public.
6. I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and I hereby subscribe to the Trust Counselors Network, Inc. Code of Ethics, a copy of which I have read and understand.
7. It is agreed and understood that any material misrepresentation of facts or information given in this or subsequent application or renewal will be cause for immediate revocation of certification and all its privileges.
8. I agree to maintain proficiency in my work by completing a minimum of twenty (20) units per year of continuing education in the field of charitable services and counseling - which can include subjects relating to trust application or financial services.
9. As an applicant for certification, I understand and agree that my certification with TCN will not become effective until submission of all required documentation in proper order and upon written acceptance by TCN.
10. I understand that all PDO certificates remain the property of TCN and must be destroyed or returned to TCN at my expense should my Certification or the right to display the designation and certificate be suspended, revoked or terminated for any reason.

Signature

Signature of Applicant _____ Date _____ Signature of Witness _____ Date _____

Verification of Educational Completion

I have completed my charitable services coursework and provided evidence of completion/graduation as may be appropriate

Verification of Educational Completion

I am still enrolled and contemplate completion/graduation on or about _____

Trust Counselors Network, Inc. Verification:

Name, Title _____ Signature _____ Date _____