

# CDFA Program Enrollment Form

## Identifying Information

Mr.  Ms.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code/Country \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Name as you wish it to appear on your certificate \_\_\_\_\_

## Professional Information

Service Affiliation  Army  Navy  Air Force  Marine Corps  
 Coast Guard  DFAS  Other DoD

If Other DoD, or Corporate, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment Status  DoD Civilian  Military  Other DoD  Retired

If "Other," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pay Grade/Band or Equivalent: \_\_\_\_\_

Civilian Job Series, Military Occupational Specialty, or Corporate \_\_\_\_\_

Title: Years of Experience in Defense-Related Financial Audit \_\_\_\_\_

Highest Education Level:

Bachelor's Degree  Master's Degree  Doctorate

## Completed Courses Courses

Course Name \_\_\_\_\_  
Course Hours \_\_\_\_\_ Competency Equivalent \_\_\_\_\_  
Course Web Address \_\_\_\_\_  
Course Description

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Course Description

## Candidate Agreement

- I have read, understand and agree to abide by the Certification Agreement (see CDFA Candidate Handbook).
- I pledge my full cooperation should I be selected for an audit of my assertions regarding education and professional experience qualifications.
- I hereby affirm that the information above is accurate to the best of my knowledge
- I understand that providing any information that is fraudulent, failing to completely or accurately disclose facts known to me, or failing to cooperate in any inquiry, may result in the refusal of CDFA certification; revocation of my certification, if already awarded; and/or being permanently barred from attaining a CDFA credential.

MY SIGNATURE BELOW INDICATES ACCEPTANCE OF THIS AGREEMENT

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

NOTE: If you have any questions, please reach out to [CDFA@dodig.mil](mailto:CDFA@dodig.mil).