

## RSP Designation Application

### Personal Information

Name: \_\_\_\_\_ (as you want it to appear on your certificate)

Full Legal Name: \_\_\_\_\_ (last), \_\_\_\_\_ (first), \_\_\_\_\_ (middle)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

### Educational Information

Name of Institution	Location	Major	Degree Received	Year

Date Texas Tech's RSP Settlement Planning Program completed: \_\_\_\_\_

Please list any licenses held (include securities, insurance, etc.): \_\_\_\_\_

Please list any designations held: \_\_\_\_\_

### Settlement Planning Experience

Years of qualifying experience in settlement planning: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

List the experience you would like the RSP Board to consider to determine whether you have met the three year experience requirement.

Name of Employer	Job Description	Supervisor's Name	Address & Phone	Dates

**Ethical Information**

If you answer yes to any of the following questions, please attach an explanation to this application.

- 1. Have you ever filed for bankruptcy or similar insolvency proceeding, or have you ever owned or controlled a business that has filed for bankruptcy or insolvency?  Yes  No
- 2. Have you ever been convicted of a felony? .....  Yes  No
- 3. Have you ever had a professional license suspended or revoked? .....  Yes  No
- 4. Have you ever had a professional designation suspended or revoked? ..  Yes  No
- 5. Have you ever been disciplined by a licensure or certification body? ...  Yes  No

**Representations and Agreements:**

By signing this application I hereby agree to the following:

- 1. I certify that I have read, understand, and complied with all the requirements to become a Registered Settlement Planner.
- 2. I certify that the foregoing statements are true and correct to the best of my knowledge and understand that false statements on the application are grounds to deny or revoke certification as a Registered Settlement Planner.
- 3. I agree to abide by the RSP Code of Professional Conduct adopted and from time to time amended by the RSP Board, and I further agree to submit to the jurisdiction of the Registry in any disciplinary proceeding against me.
- 4. I agree to abide by the requirements for maintaining my designation as a Registered Settlement Planner.
- 5. I understand that my designation as a member of the Registry and consequently, my right to use the designation in any and all communications whether professional or personal shall not become effective until I am notified in writing by the RSP Board that I have achieved the designation of Registered Settlement Planner.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail the foregoing application together with any required attachments and payment to:

Registry of Settlement Planners Board  
1800 Blankenship Rd.  
Ste. 160  
West Linn, OR 97068

Please make check for the \$1,000 application fee payable to the Registry of Settlement Planners.