

# Application for NCHCEC Certification

Please type all responses. All applicable fields are required.

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**NeighborWorks®  
Center for  
Homeownership  
Education and  
Counseling**

For complete program requirements visit [www.neighborworks.org/nchec/certification](http://www.neighborworks.org/nchec/certification)

## I am applying for the following NCHCEC Certification(s):

### Pre-Purchase Homeownership Education

HO229 or HO229vc Homebuyer Education Methods: Training the Trainer  
Location and Date of Training: \_\_\_\_\_

### Post-Purchase Homeownership Education

HO247 or HO247vc Post-Purchase Education Methods  
Location and Date of Training: \_\_\_\_\_

### Post-Purchase Homeownership Education in Native Communities

NA247 or NA247vc Post-Purchase Education Methods in Native Communities  
Location and Date of Training: \_\_\_\_\_

### Homeownership Counseling

Part I:  HO250 or HO250vc Homeownership Counseling: Principles, Practices and Techniques, Part I  
Location and Date of Training: \_\_\_\_\_

Part II:  HO109, HO109el, or HO109vc Foreclosure Basics  
Location and Date of Training: \_\_\_\_\_

### Foreclosure Intervention and Default Counseling

Part I:  HO345 or HO345vc Foreclosure Intervention & Default Counseling Certification, Part I  
Location and Date of Training: \_\_\_\_\_

Part II:  HO307 or HO307c Advanced Foreclosure: Case Study Practicum  
Location and Date of Training: \_\_\_\_\_

### Financial Capability

Part I:  HO208, HO208el, or HO208vc Building Skills for Financial  
Location and Date of Training: \_\_\_\_\_

Part II:  HO209rq or HO209vc Delivering Effective Financial Education for Today's Consumer  
Location and Date of Training: \_\_\_\_\_

Part III:  HO310 or HO310vc Financial Coaching: Helping Clients Reach Their Goals  
Location and Date of Training: \_\_\_\_\_

### Homeownership Counseling for Program Managers & Executive Directors

HO360 Homeownership Counseling Certification for Program Managers & Executive Directors  
Location and Date of Training: \_\_\_\_\_

### Rental Housing Counseling

Part I:  HO274 or HO274vc Rental Counseling Certification, Part I  
Location and Date of Training: \_\_\_\_\_

Part II:  HO208, HO208el, or HO208vc Building Skills for Financial Confidence  
Location and Date of Training: \_\_\_\_\_

### Rental Eviction Intervention

Part I:  HO288 Rental Eviction Intervention Certification Part I  
Location and Date of Training: \_\_\_\_\_

Part II:  HO388 Rental Eviction Intervention Certification Part II: Program Design and Delivery  
Location and Date of Training: \_\_\_\_\_

**E-mail to:**  
[certification@nw.org](mailto:certification@nw.org) (Preferred)

**Questions?**  
Email [certification@nw.org](mailto:certification@nw.org)  
Call 202-760-4000

**For more information on courses and continuing education policies visit**  
[www.neighborworks.org/nchec](http://www.neighborworks.org/nchec)

**Note:** Please allow 4-8 weeks for verification and processing of your application.

• Download a copy of the National Industry Standards for Homeownership Education and Counseling at [www.homeownershipstandards.org](http://www.homeownershipstandards.org)  
Practitioners must sign the Code of Ethics and Conduct and **submit** it with this application.

**To apply for NCHCEC Certification, you must also submit the:**  
 Code of Ethics and Conduct for the National Industry Standards for Homeownership Education and Counseling\*



Homeownership  
Done Right.®

# National Industry Standards for Homeownership Education and Counseling

## Code of Ethics and Conduct

By signing below, I acknowledge that I have received and read the National Industry Standards Code of Ethics and Conduct for Homeownership Professionals and agree to adhere to the guidelines as outlined.

Please fill out all of the fields below and return the completed form:

**By e-mail (Preferred):**  
[certification@nw.org](mailto:certification@nw.org)

**By fax:**  
866-372-6570

---

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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