

“New” BUSINESS LENDING CERTIFICATE

Pre-requisite: Credit Analysis Certificate or 3 years of Credit Analysis experience

Grade	Course
	Relationship Banking/Business Development <ul style="list-style-type: none"> • Develop a prospecting and marketing culture • How to develop mutual beneficial relationships • How to sell banking products • Review the relationship selling model • Review the four type of calls • How to get past the gatekeeper and overcome objectives
	Commercial Loan Products and Structuring <ul style="list-style-type: none"> • Working Capital Lines of Credit • Term Loan/Equipment Loans, Owner Occupied • Trade Finance/Letter of Credit • How best to structure a commercial loan product • Identify a viable primary, secondary and tertiary source of repayment • Identify specific collateral for each loan product
	Cash Flow Analysis <ul style="list-style-type: none"> • Adequately identify the borrower and the true source of cash • Understand Global Cash Flow and when to utilize it • How to establish the ideal size of a commercial line of credit • Review the various cash flow methods, Traditional cash flow and the UCA method
	Industry Analysis <ul style="list-style-type: none"> • An in-depth analysis of the symbiotic relationship between the industry and the business risk • An in-depth review of cyclical and seasonal industries • Review the top four industries in South Florida
	Loan Agreements and Key Documents <ul style="list-style-type: none"> • Identify the primary, seasonality and tertiary source of repayments • Key commercial documents, Covenants, UCC Filings, Mortgage and more!

Note: You can take any of these courses
However, in order to earn the certification you must complete the entire curriculum.

Session: 5

Program Instructional Hours: 15

Visit www.cftse.org, or call 305-237-3051 for more information.



SEMINAR/WEBINAR/WORKSHOP REGISTRATION FORM

@ Miami Dade College

The Center for Financial Training does not discriminate on the basis of race color, gender, age, and national or ethnic origin. This document may contain privileged and/or confidential information. It is intended solely for the use of CFT and will not be shared without written permission.

Student Name: _____ S.S. # _____

Title: _____ Department: _____

Organization/Bank Name: _____ Cost Center #: _____

Address (NO P.O. BOX): _____ City/State/ Zip: _____

Work Phone #: _____ Fax #: _____ Home #: _____

Student's E-mail: _____

(Seminar confirmations will be sent to this email)

SEMINAR/WEBINAR/WORKSHOP

Table with 4 columns: Program Title, Date, Location, Webinar Option. Contains 4 empty rows for registration details.

YOUR EDUCATIONAL GOAL: Please indicate below which CFT Diploma and/or Certificate you intend to earn.

(Please see http://cftse.org/diplomas-certificates-and-college-programs for your options)

(DIPLOMA/CERTIFICATE)

TO REGISTER: Submit your registration to CFT by fax or mail to: CFT, 245 NE 4TH Street, Room 3704-10 Miami, FL 33132, Phone: (305) 237-3051, Fax: (305) 237-7587, E-mail: claguna@mdc.edu Website: www.cftse.org

PLEASE CONFIRM RECEIPT OF YOUR FAX REGISTRATION!

PLEASE DO NOT WAIT TO RECEIVE SEMINAR/WORKSHOP CONFIRMATION. ATTEND PROGRAM AS SCHEDULED.

Changes/Cancellations: Cancellations/changes must be made in writing 5-business days prior to the course date for refund or to prevent billing. Your registration will be refunded less a \$30.00 enrollment charge during the refund period. Substitutions accepted...you must notify the CFT office with the information of the substitute. No shows will be billed the full course fee.

REGISTRATION WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

PAYMENT:

A cashier's check/money order is enclosed (no personal checks)

MasterCard Visa Discover American Express

Credit Card #: _____ Expiration Date: _____ CVS# _____ Amount: \$ _____

Name on Card: _____ Signature of Cardholder: _____

Billing Address: _____

Please bill organization/bank:

As the manager or supervisor of this student, I authorize payment from my financial institution to SFCFT for this enrollment.

Supervisor's/Manager's Name: _____ Phone # _____

Supervisor's/Manager's Signature/Approval: _____ Date: _____

Student Signature (Required to process registration): _____ Date: _____

STUDENT RELEASE OF INFORMATION: I certify the accuracy of all information on this application and hereby grant permission to CFT to register and withdraw me upon proper notification from the company named above. I also authorize CFT to release a copy of my final grades and/or academic record (transcript) at the end of the term to the representative of CFT and/or the company named above. I have read and agree to all of CFT's registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the schedule or other marketing pieces.