

# Reinstatement Appeal Form

Use this form to reinstate a revoked CTP, CTP(CD) or CCM designation.

Reinstatement form will not be processed without the appropriate fees.

1 of 2

Please print or type clearly

1. AFP ID NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
LAST FIRST MI

3. TITLE: \_\_\_\_\_

4. COMPANY: \_\_\_\_\_

5. MAILING ADDRESS PREFERENCE ( HOME  BUSINESS) WE SHIP UPS — NO P.O. BOXES, PLEASE. **NOTE:** YOUR CERTIFICATE WILL BE MAILED TO THIS ADDRESS.

6. BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. PHONE (OFFICE): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

8. FEES (NON-REFUNDABLE):

Member Status	Reinstatement Appeal Fee (USD)
AFP Member	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$300

Member Status	Recertification Fee (USD)
AFP Member	<input type="checkbox"/> \$160
Non-Member	<input type="checkbox"/> \$275

9. METHOD OF PAYMENT:  CHECK  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER CARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

— **Reinstatement appeal must include:**

- List of 36 continuing education credits. Credits must be earned prior to submission of the appeal.
- Documentation confirming successful completion of each professional development activity being reported.
- Letter stating why the recertification requirements were not fulfilled for the delinquent recertification cycle.
- Payment of the reinstatement and recertification fees.

— Fax signed form and the appropriate fee to 301.907.2864.

— **If paying by check, mail to:**

Association for Financial Professionals  
 P.O. Box 64714  
 Baltimore, Maryland 21264 USA  
 Attn: Certification Department

*To avoid duplicate credit card charges do not mail a previously faxed form.*

If you have any questions, please contact the AFP Certification Department by e-mailing [recertification@AFPonline.org](mailto:recertification@AFPonline.org) or by calling 301.907.2862.

# Reinstatement Appeal Form

This page may be reproduced

2 of 2

NAME: \_\_\_\_\_ AFP ID NUMBER: \_\_\_\_\_

PROGRAM DATE MONTH/YEAR	PROGRAM TITLE	PROGRAM SPONSOR	PROGRAM TYPE (A-O)	NUMBER OF CREDITS
Example: 11/01	Annual Conference	AFP	D	Applicant to Specify

**CE PROGRAM CATEGORIES:**

- |                                                            |                                             |                                                   |
|------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| A. AFP Learning System™: Treasury                          | F. Licenses and Certifications              | L. Career Development                             |
| B. AFP Publications Quizzes                                | G. Published Articles and/or Books          | M. Student Internship Supervision                 |
| C. College/University Courses                              | H. Teleconferences/Webinars                 | N. Association or Professional Society Membership |
| D. Conferences, Seminars, Workshops, and Training Sessions | I. Speakers/Presenters & Academic Lecturers | O. On-the-Job Experience                          |
| E. Independent Study                                       | J. Thesis/ Dissertation                     |                                                   |
|                                                            | K. Volunteer Service/Leadership             |                                                   |

By signing and submitting this Reinstatement Appeal Form, I verify that the information contained is true, complete and accurate, and the programs attended are qualified cash/treasury management, finance, accounting, economics or ethics-related topics as outlined in the Recertification Reporting Guidelines. I understand that all credits are subject to verification by AFP.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_