



Recertification Reporting Form

Recertification reporting form will not be processed without the appropriate fee.

1. AFP ID #: _____ AFP MEMBER? YES NO CREDENTIALS HELD: CTP CCM CTP(CD) FP&A

2. NAME: _____
LAST FIRST MIDDLE

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.

BUSINESS ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

6. PHONE (OFFICE): _____ FAX: _____

7. E-MAIL: _____

8. FEES:

CTP Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug 15)	Final Deadline (Oct. 15)
AFP Member	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$160.00
Non-Member	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$275.00

FP&A Professional Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug 15)	Final Deadline (Oct. 15)
AFP Member	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$185.00
Non-Member	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00

**Fees submitted using this paper reporting form include an additional \$25 USD for processing. To submit your credits online please log in to www.AFPonline.org and click on "My AFP". Discounted recertification fees are available to those holding both CTP and FP&A credentials who sync their cycles and complete recertification for both credentials online. For more information, see www.AFPonline.org/pub/cert/recert.html#sync.*

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

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

- Use this form to report credits earned in your three-year FP&A Professional, CTP, CTP(CD), or CCM Recertification Cycle
- Do not submit proof of attendance for the professional development activities being reported. However, retain copies in your files for at least two years from the end of your cycle.

- Fax signed form and the appropriate fee to +1 301.907.2864.
- 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 or by calling +1 301.907.2862.

