

Recertification Reporting Form



Extension form will not be processed without the appropriate fee.

1 of 2

1. AFP ID #: _____ AFP MEMBER? ☐ YES ☐ NO CREDENTIALS HELD: ☐ CTP ☐ CCM ☐ CTP(CD) ☐ FPAC
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: _____

■ CTP Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug 15)	Final Deadline (Oct. 15)
AFP Member	☐ \$110.00	☐ \$160.00
Non-Member	☐ \$225.00	☐ \$275.00

■ FPAC Professional Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug 15)	Final Deadline (Oct. 15)
AFP Member	☐ \$110.00	☐ \$160.00
Non-Member	☐ \$225.00	☐ \$275.00

8. FEES:
**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 FPAC credentials who sync their cycles and complete recertification for both credentials online. For more information, see www.AFPonline.org/pub/cert/recert.html#sync.*

Please complete this form and send it to recertification@afponline.org to receive a link to securely submit your credit card payment.

- Use this form to report credits earned in your three-year FPAC 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.

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NAME: _____ AFP ID NUMBER: _____

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

CE Program Categories:

- A. AFP Learning System™ (Treasury or Financial Planning & Analysis)

B. AFP Publications Quizzes

C. College/University Courses

D. Conferences, Seminars, Workshops, and Training Sessions
- E. Independent Study

F. Licenses and Certifications

G. Published Articles and/or Books

H. Teleconferences/Webinars

I. Speakers/Presenters & Academic Lecturers

J. Thesis/ Dissertation
- K. Volunteer Service/Leadership

L. Professional Skills

M. Student Internship Supervision

N. Association or Professional Society Membership

O. On-the-Job Experience

By signing and submitting this Extension Form, I verify that the information contained is true, complete and accurate, and the programs attended are qualified topics as outlined in the Recertification Reporting Guidelines. I understand that all credits are subject to verification by AFP.

SIGNATURE: _____ DATE: _____