

# 2008 CTP EXAMINATION ELIGIBILITY FORM

This form must be submitted to AFP by the deadline to complete registration for the Certified Treasury Professional (CTP) examination. No individual will be provided testing information without submission of this eligibility form. *{ page 1 of 3 }*

## CTP EXAMINATION WINDOW

## Eligibility Submission Form Deadline

June 1, 2008 – July 31, 2008 (2008A)

April 18, 2008

December 1, 2008 – January 31, 2009 (2008B)

October 31, 2008

1. AFP ID #: \_\_\_\_\_

2. YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE OF ACHIEVEMENT:  
\_\_\_\_\_

3. MAILING ADDRESS ( HOME  BUSINESS) Please note: Your Authorization-to-Test (ATT) and congratulatory information will be mailed to this address. *Please complete if different from mailing address provided in online checkout through www.AFPonline.org*

STREET ADDRESS: \_\_\_\_\_

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

### 4. HOW DID YOU LEARN ABOUT THE CTP EXAM?

- 1  AFP Mailing or e-mail Notice
- 2  AFP Conference or Seminar
- 3  AFP Web Site
- 4  AFP/TMA Regional Meeting
- 5  Magazine Advertisement (U.S. Banker, Treasury & Risk, FEI)
- 6  Word of Mouth (Colleague, Friend, Employer)
- 7  Other (Specify) \_\_\_\_\_

### 5. DATE OF BIRTH

\_\_\_\_/\_\_\_\_/\_\_\_\_

### 6. EDUCATION: HIGHEST DEGREE EARNED:

- 1  High School
- 2  Associate
- 3  Undergraduate
- 4  Graduate
- 5  Other \_\_\_\_\_

### 7. COLLEGE OR UNIVERSITY ALMA MATER.

UG \_\_\_\_\_  
Name State

Grad \_\_\_\_\_  
Name State

### 8. DURING WHAT YEAR DID YOU BECOME INVOLVED IN THE FINANCIAL PROFESSION?

\_\_\_\_\_

### 9. PLEASE INDICATE ANY PROFESSIONAL CREDENTIALS YOU MAY HAVE EARNED. EXCLUDE COLLEGE DEGREES. (CHECK ALL THAT APPLY)

- CFA  CPA  
 Other (Specify) \_\_\_\_\_

### 10. SELF DESCRIPTION:

- 1  Asian or Pacific Island American
- 2  African-American
- 3  Puerto Rican
- 4  Other Hispanic
- 5  White (not Hispanic)
- 6  Mexican American
- 7  Amer. Indian or Alaskan Native
- 8  Other

# 2008 CTP EXAMINATION ELIGIBILITY FORM

## Report of Education and/or Experience *Please print or type*

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APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MI

### SECTION A: REPORT OF WORK EXPERIENCE

The experience requirement must be completely satisfied prior to the application deadline date, not the start of the testing windows, and prior to submitting this form. Applicants who do not list the required experience will be determined ineligible. List cash/treasury management/finance experience, with most recent experience first; use additional pages as needed. The information provided below will be reviewed carefully to determine eligibility. Therefore, please fully complete this section and be brief, yet descriptive of your job responsibilities. Your signature is required on page 3.

DATE RANGE (MM/YYYY)	TITLE	ORGANIZATION NAME AND ADDRESS	BRIEF DESCRIPTION OF DUTIES
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	
FROM: __/__/____ TO: __/__/____		NAME: CITY: STATE/PROV:	

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# 2008 CTP EXAMINATION ELIGIBILITY FORM

Report of Education and/or Experience — please type or print

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APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MI

## SECTION B: REPORT OF EDUCATION

To be completed by applicants who have earned a graduate degree and will report only one year of relevant experience.

*Reminder: Transcripts for undergraduate degrees are not required. Please do not send.*

Request that the school listed send a transcript bearing the school seal directly to AFP. It is your responsibility to ensure that your transcript is received by AFP by the deadline shown on the registration form. Allow 30 days for the school transcript to reach AFP.

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE EARNED: \_\_\_\_\_

GRADUATION DATE (Month/Year): \_\_\_\_\_

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

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

By signing and submitting this application form, I accept the conditions set forth in the AFP publication concerning the eligibility and experience requirements, cancellations/refunds, administration of the test, reporting of test scores and the complete certification process and policies including the CTP renewal process.

I certify that I have read and will abide by the Association for Financial Professionals' Standard of Ethical Conduct ([www.afponline.org/ethics](http://www.afponline.org/ethics)). Any false statements made on this application will constitute a violation for which my certification will be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
YOUR SIGNATURE IS REQUIRED

Submit the completed form to AFP via fax at 301.907.2864.

If you cannot fax the completed form, please mail to:

AFP  
CTP Examination  
4520 East-West Highway, Suite 750  
Bethesda, MD 20814-3214