

# CTPA "EXAM FEE" REIMBURSEMENT REQUEST

*Please print or type*

1. AFP ID #: \_\_\_\_\_ AFP MEMBER?  Yes  No
2. NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST FIRST MI
3. TITLE: \_\_\_\_\_
4. COLLEGE/UNIVERSITY of CTM Program: \_\_\_\_\_
5. MAILING ADDRESS ( HOME  BUSINESS)
6. ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_
7. PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_
8. CTP Exam Testing Window: I sat for the exam on: \_\_\_\_\_  
MONTH YEAR

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 may be revoked. I certify that the information contained in this request is true, complete and correct to the best of my knowledge and is made in good faith.

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

ALL REIMBURSEMENT REQUESTS MUST BE SIGNED BY CANDIDATE. NO THIRD-PARTY REQUESTS WILL BE ACCEPTED.

*All funds will be reimbursed to the original payee of initial application. Reimbursement applies only to initial application fee and does not cover transfer or re-exam fees. Exam must be passed within one year from initial exam application date. Reimbursement request forms should be received at AFP no more than one year after exam is passed.*

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

FOR AFP OFFICE USE ONLY

**CSR Instruction**

- \_\_\_ Refund full payment  
\_\_\_ Remove payment amount from 01CERT  
\_\_\_ Add to refund