

# 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"/> \$135
Non-Member	<input type="checkbox"/> \$250

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

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.

