

# Recertification Reporting Form

Recertification form will not be processed without the appropriate fee.

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1. AFP ID #: \_\_\_\_\_ AFP MEMBER?  YES  NO
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.
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:

### Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug. 15)	Final Deadline (Oct. 15)
AFP Member	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$135.00
Non-Member	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00

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

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

— Use this form to report credits earned in your three-year CTP, CTP(CD), or CCM Recertification Cycle

— Do not submit proof of attendance for the professional development activities you report. 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 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.

