

Extension Form



Extension form will not be processed without the appropriate fee.

1. AFP ID #: _____ AFP MEMBER? YES NO CREDENTIALS HELD: CTP CCM CTP(CD) FP&A
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: _____
8. FEES:

Extension Request Fees (USD)

	Member Status	Deadline (June 30)
CTP	AFP Member	<input type="checkbox"/> \$75.00
CTP	Non-Member	<input type="checkbox"/> \$150.00
FP&A	AFP Member	<input type="checkbox"/> \$100.00
FP&A	Non-Member	<input type="checkbox"/> \$175.00

Outstanding Credits Reporting Fees (USD)

	Member Status	Reporting Deadline (Dec. 31)
CTP	AFP Member	<input type="checkbox"/> \$135.00
CTP	Non-Member	<input type="checkbox"/> \$250.00
FP&A	AFP Member	<input type="checkbox"/> \$160.00
FP&A	Non-Member	<input type="checkbox"/> \$275.00

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

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

– Use this form to request a renewal extension or to report credits earned under an approved extension

– 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.

