

Inactive Status Reinstatement Form

Reactivation form will not be processed without the appropriate fee.

1 of 2

Please print or type clearly

1. AFP ID NUMBER: _____

2. CREDENTIALS HELD: CTP CCM CTPA CTP(CD) FP&A

3. NAME: _____
LAST FIRST MI

4. TITLE: _____

5. COMPANY: _____

6. MAILING ADDRESS PREFERENCE (HOME BUSINESS) WE SHIP UPS – NO P.O. BOXES, PLEASE. NOTE: YOUR CERTIFICATE WILL BE MAILED TO THIS ADDRESS.

7. BUSINESS ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

8. PHONE (OFFICE): _____ FAX: _____

E-MAIL: _____

9. FEES (NON-REFUNDABLE):

Member Status	Reactivation Fees (USD)
AFP Member	<input type="checkbox"/> \$135
Non-Member	<input type="checkbox"/> \$250

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

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

– Use this form to reactivate the CTP, CTP(CD), CCM or FP&A inactive status.

– Reactivation request must include:

- List of required continuing education credits as referenced in the Recertification Reporting Guidelines. Credits must be earned prior to submission of the application.
- Documentation confirming successful completion of each professional development activity being reported.
- Payment of the reactivation fee.

– 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 or by calling +1301.907.2862.

