

REINSTATEMENT FORM



Use this form to reinstate a revoked CTP, CTP(CD), CCM or FP&A designation.

Reinstatement form will not be processed without the appropriate fees.

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:

REINSTATEMENT APPEAL FEES (USD)

	Member Status	Deadline (June 30)
CTP	AFP Member	<input type="checkbox"/> \$250
CTP	Non-Member	<input type="checkbox"/> \$300
FP&A	AFP Member	<input type="checkbox"/> \$250
FP&A	Non-Member	<input type="checkbox"/> \$300

RECERTIFICATION FEES (USD)

	Member Status	Reporting Deadline (Dec. 31)
CTP	AFP Member	<input type="checkbox"/> \$160
CTP	Non-Member	<input type="checkbox"/> \$275
FP&A	AFP Member	<input type="checkbox"/> \$160
FP&A	Non-Member	<input type="checkbox"/> \$275

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

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

- Reinstatement appeal must include:
 - List of 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 or by calling +1301.907.2862.

