

Reactivation form w	1 of 2			
Please print or type clearly				
1. AFP ID NUMBER:				
2. CREDENTIALS HELD:	стр 🔲 ссм 🛄 стра 🛄 стр(сd) 🗖	FP&A		
3. NAME:	LAST			
	LAST			MI
) P.O. BOXES, PLEASE. NOTE: YOUR CERTIFICA	
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-REFUNDABL	E):			
Member Status	Reactivation Fees (USD)			
AFP Member	\$135			
Non-Member	\$250			
CARD NUMBER:			CARD VISA DISCOVER CARD	
SIGNATURE:				
 Reactivation request must - List of required continued 	nuing education credits as referer ting Guidelines. Credits must be e	nced in the	 Fax signed form and the appropriate If paying by check, mail to: Association for Financial Profession P.O. Box 64714 Baltimore, Maryland 21264 USA 	
	rming successful completion of ea nent activity being reported. ivation fee.	ach	Attn: Certification Department To avoid duplicate credit card charg	ies do not mail a previously

FP&A°

Certified Corporate Financial Planning &

Analysis Professional

Certified

Treasury Professional®

If you have any questions, please contact the AFP Certification Department by e-mailing recertification@AFPonline.org or by calling +1301.907.2862.

faxed form.

Inactive Status Reinstatement Form

This page may be reproduced

NAME:	AFP ID NUMBER:						
PROGRAM DATE MONTH/YEAR	PROGRAM TITLE	PROGRAM SPONSOR	PROGRAM TYPE (A-O)	NUMBER OF CREDITS			
Example: 11/01	Annual Conference	AFP	D	Applicant to Specify			

CE PROGRAM CATEGORIES:

- A. AFP Learning System[™]
- B. AFP Publications Quizzes
- C. College/University Courses
- D. Conferences, Seminars, Workshops, and **Training Sessions** E. Independent Study
- F. Licenses and Certifications
- G. Published Articles and/or Books
- Teleconferences/Webinars H.
- I. Speakers/Presenters & Academic Lecturers
- Thesis/Dissertation J.
- K. Volunteer Service/Leadership

- L. Professional Skills
- M. Mentor/Knowledge Share
- Association or Professional Society N. Membership
- On-the-Job Experience О.

By signing and submitting this Reactivation Form, I verify that the information contained is true, complete and accurate, and the programs attended are qualified cash/treasury management, finance accounting, economics or ethics-related topics as outlined in the Recertification Reporting Guidelines. I understand that all credits are subject to verification by AFP.



CTP, Certified Treasury Professional, the CTP logo, FP&A, Certified Corporate Financial Planning and Analysis Professional, and the FP&A logo are registered trademarks of the Association for Financial Professionals. © 07/19

FP&A Certified Corporate **Financial Planning &** Analysis Professional

2 of 2



