

RECERTIFICATION REPORTING FORM



Recertification reporting form will not be processed without the appropriate fee.

1 of 2

1. AFP ID #: _____ AFP MEMBER? YES NO CREDENTIALS HELD: CTP FPAC
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:

CTP Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug. 15)	Final Deadline (Oct. 15)
AFP Member	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$160.00
Non-Member	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$275.00

FPAC Standard Recertification Reporting Fees (USD)

Member Status	Standard Deadline (Aug. 15)	Final Deadline (Oct. 15)
AFP Member	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$160.00
Non-Member	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$275.00

*Fees submitted using this paper reporting form include an additional \$25 USD for processing. To submit your credits online please log in to www.AFPonline.org and click on “My AFP”. Discounted recertification fees are available to those holding both CTP and FPAC credentials who sync their cycles and complete recertification for both credentials online. For more information, see www.AFPonline.org/pub/cert/recert.html#sync.

9. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD
- CARD NUMBER: _____ EXPIRATION DATE: _____
- SIGNATURE: _____

- Use this form to report credits earned in your three-year CTP or FPAC Recertification Cycle
- 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.

