

Extension Form



Extension form will not be processed without the appropriate fee.

1 of 2

1. AFP ID #: _____ AFP MEMBER? YES NO CREDENTIALS HELD: CTP CCM CTP(CD) 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:

Extension Request Fees (USD)

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

Outstanding Credits Reporting Fees (USD)

	Member Status	Deadline (December 31)
<input type="checkbox"/> CTP	AFP Member	<input type="checkbox"/> \$135.00
<input type="checkbox"/> CTP	Non-Member	<input type="checkbox"/> \$250.00
<input type="checkbox"/> FPAC	AFP Member	<input type="checkbox"/> \$160.00
<input type="checkbox"/> FPAC	Non-Member	<input type="checkbox"/> \$275.00

Please complete this form and send it to recertification@afponline.org to receive a link to securely submit your credit card payment.

- 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.



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NAME: _____ AFP ID NUMBER: _____

PROGRAM DATE MONTH/YEAR	PROGRAM TITLE	PROGRAM SPONSOR	PROGRAM TYPE (A-O)	NUMBER OF CREDITS	CREDENTIAL TO APPLY TO
Example: 11/01	Annual Conference	AFP	D	Applicant to Specify	CTP OR FPAC

CE Program Categories:

- | | | |
|---|---|---|
| A. AFP Learning System™ (Treasury or Financial Planning & Analysis) | E. Independent Study | K. Volunteer Service/Leadership |
| B. AFP Publications Quizzes | F. Licenses and Certifications | L. Professional Skills |
| C. College/University Courses | G. Published Articles and/or Books | M. Student Internship Supervision |
| D. Conferences, Seminars, Workshops, and Training Sessions | H. Teleconferences/Webinars | N. Association or Professional Society Membership |
| | I. Speakers/Presenters & Academic Lecturers | O. On-the-Job Experience |
| | J. Thesis/ Dissertation | |

By signing and submitting this Extension Form, I verify that the information contained is true, complete and accurate, and the programs attended are qualified topics as outlined in the Recertification Reporting Guidelines. I understand that all credits are subject to verification by AFP.

SIGNATURE: _____ DATE: _____