



# Recertification Reporting 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: \_\_\_\_\_

**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 Professional 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

8. FEES:  
*\*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](http://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](http://www.AFPonline.org/pub/cert/recert.html#sync).*

Please complete this form and send it to [recertification@afponline.org](mailto:recertification@afponline.org) to receive a link to securely submit your credit card payment.

- Use this form to report credits earned in your three-year FPAC Professional, CTP, CTP(CD), or CCM 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.*

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If you have any questions, please contact the AFP Certification Department by e-mailing [Recertification@AFPonline.org](mailto:Recertification@AFPonline.org) or by calling +1 301.907.2862.



# Recertification Reporting Form

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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: \_\_\_\_\_