REINSTATEMENT FORM



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

R	einstatement fo	orm will not be	processed without th	he app	propriate fee	es.		1 of 2	
Ple	ease print or type clea	rly							
1.	AFP ID NUMBER:								
2.	NAME:		LAST						
			LAST			FIRST		MI	
4.	COMPANY:								
5.	MAILING ADDRESS F	PREFERENCE (🖵 но	ME 🔲 BUSINESS) WE SHIP UPS -	- NO P.O. E	OXES, PLEASE. NO	FE: YOUR CERTIFICATE WIL	L BE MAILED TO THIS AD	DRESS.	
6. BUSINESS ADDRESS:									
	CITY:		STATE/PRO	STATE/PROV:ZIP/POSTAL CODE:		AL CODE:	COUNTRY:		
HOME ADDRESS:									
			STATE/PRO			AL CODE:	COUNTRY:		
7.									
~									
8.	FEES: REINSTATEMENT AF				DECEDTIEICAT	ION FEES (USD)			
		Member Status	Deadline (June 30)		RECERTIFICAT	Member Status	Reporting Deadline	e (Dec. 31)	
	🕕 СТР	AFP Member	□ \$250	_	🕕 СТР	AFP Member	□ \$160	(
	💮 СТР	Non-Member	□ \$300	_	🗇 СТР	Non-Member	□ \$275		
	样 FP&A	AFP Member	□ \$250		FP&A	AFP Member	□ \$160		
	样 FP&A	Non-Member	□ \$300		样 FP&A	Non-Member	□ \$275		
9. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD									
	EXPIRATION DATE:								
EXPIRATION DATE:									
	 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. 			- I	If paying by chec Association for F P.O. Box 64714 Baltimore, Maryl Attn: Certificatio	inancial Professionals and 21264 USA		y	

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



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NAME:		AFP ID NUMBER:					
PROGRAM DATE MONTH/YEAR	PROGRAM TITLE	PROGRAM SPONSOR	PROGRAM TYPE (A-O)	NUMBER OF CREDITS			
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
- H. Teleconferences/Webinars
- I. Speakers/Presenters & Academic Lecturers
- J. Thesis/ Dissertation
- K. Volunteer Service/Leadership

- L. Career Development
- M. Student Internship Supervision
- N. Association or Professional Society Membership
- O. On-the-Job Experience

By signing and submitting this Reinstatement Appeal 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: