

# Retired Status Application

Please print clearly or type

1. AFP ID #: \_\_\_\_\_ AFP MEMBER?  YES  NO

2. NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST FIRST MI

3. TITLE: \_\_\_\_\_

4. ORGANIZATION: \_\_\_\_\_

5. MAILING ADDRESS PREFERENCE (  HOME  BUSINESS )

6. BUSINESS ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 PHONE (OFFICE): \_\_\_\_\_ FAX: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

By signing and submitting this application, I certify that I have read and understood the definition of Retired Status and the policies of the CTP program regarding Retired Status. I will continue to adhere to AFP's Standards of Ethical Conduct. I understand that should I decide to resume practice in the treasury, finance, and/or accounting fields, I will be required to reactivate my credential by submitting 36 continuing education credits, supporting documentation for each activity being reported and the recertification reporting fee. Should I choose to not reactivate my certification once I return to the practice of treasury, finance, and/or accounting, I understand that my certification will be revoked.

8. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

— Complete this form if you have retired from active employment.

— A fee is not required to apply for Retired Status

— A reactivation fee is not required

If your application is accepted you will receive notification by email and a new certificate indicating "Retired" will be mailed to you.

— Fax signed form to 301.907.2864.

— Or, mail to:

Association for Financial Professionals

Attn: Certification Department

4520 East-West Highway, Suite 750

Bethesda, Maryland 20814 USA

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