

Extension Form

Extension form will not be processed without the appropriate fee.

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1. AFP ID #: _____ AFP MEMBER? YES NO
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.
6. BUSINESS ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
 HOME ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
7. PHONE (OFFICE): _____ FAX: _____
 E-MAIL: _____
8. FEES:

Extension Request Fees (USD)

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

Outstanding Credits Reporting Fees (USD)

Member Status	Reporting Deadline (Dec. 31)
AFP Member	<input type="checkbox"/> \$135.00
Non-Member	<input type="checkbox"/> \$250.00

9. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD DINERS CLUB

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

- 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 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 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
Example: 11/01	Annual Conference	AFP	D	Applicant to Specify

CE PROGRAM CATEGORIES:

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

By signing and submitting this Extension Form, I verify that the information contained is true, complete and accurate, and the programs attended are qualified cash/treasury management, finance, accounting, economics or ethics-related topics as outlined in the Recertification Reporting Guidelines. I understand that all credits are subject to verification by AFP.

SIGNATURE: _____ DATE: _____