

# Recertification Reporting Form

Recertification 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:

## 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

\*Receive a \$25.00 discount on recertification fees, submit credits online. Go to [www.AFPonline.org/pub/cert/recert.html](http://www.AFPonline.org/pub/cert/recert.html).

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

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- Use this form to report credits earned in your three-year CTP, CTP(CD), or CCM Recertification Cycle
- Do not submit proof of attendance for the professional development activities you report. 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](mailto:recertification@AFPonline.org) or by calling 301.907.2862.*

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NAME: \_\_\_\_\_ AFP ID NUMBER: \_\_\_\_\_

[illegible]

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