

# Reinstatement Form

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



Reinstatement form will not be processed without the appropriate fees.

1 of 2

Please print or type clearly

1. AFP ID #: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

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

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

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:

**REINSTATEMENT APPEAL FEES (USD)**

	Member Status	Deadline (June 30)
■ CTP	AFP Member	<input type="checkbox"/> \$250
■ CTP	Non-Member	<input type="checkbox"/> \$300
■ FPAC	AFP Member	<input type="checkbox"/> \$250
■ FPAC	Non-Member	<input type="checkbox"/> \$300

**RECERTIFICATION FEES (USD)**

	Member Status	Reporting Deadline (Dec. 31)
■ CTP	AFP Member	<input type="checkbox"/> \$160
■ CTP	Non-Member	<input type="checkbox"/> \$275
■ FPAC	AFP Member	<input type="checkbox"/> \$160
■ FPAC	Non-Member	<input type="checkbox"/> \$275

– 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.

– 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 +1301.907.2862.

# Reinstatement 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 FP&A

**CE Program Categories:**

- A. AFP Learning System™ (Treasury or Financial Planning & Analysis)
- 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. Professional Skills
- M. Student Internship Supervision
- N. Association or Professional Society Membership
- O. On-the-Job Experience

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: \_\_\_\_\_