

Part I Waiver Application

FPAC™ Examination



CERTIFIED CORPORATE
FINANCIAL PLANNING &
ANALYSIS PROFESSIONAL

Submit your Part I waiver application to AFP via email at FPACert@afponline.org.

Candidates enrolled in the Certified Corporate FP&A Professional program may be exempt from taking and passing Exam Part I if they meet the below criteria.

- Currently hold one of the following credentials in active, good standing status:
 - Certified Management Accountant (CMA)
 - Certified Practising Accountant (CPA)(Australia)
 - Certified Public Accountant (CPA) (US)
 - Certified Treasury Professional (CTP)
 - Chartered Accountants of India (CA Associate, CA Fellow, CA Practising Accountant)
 - Chartered Accountants of Sri Lanka (ACA)
 - Chartered Certified Accountant (ACCA or FCCA)
 - Chartered Financial Analyst (CFA)
 - Chartered Professional Accountant (CPA)(Canada)
 - Chinese Certified Public Accountant (CICPA) (China)
 - CIMA Professional Qualification (ACMA or FCMA)
 - ICAEW Chartered Accountant (ICAEW ACA or FCA) (UK)

To apply for a Part I waiver, please complete this form and return it to AFP. AFP staff will verify the credential and follow up within 10 business days.

If your waiver application is denied, you will be required to take and pass Exam Part I in order to earn the FPAC credential.

If your waiver is approved, your Part I examination requirement will be met, and you will be exempt from taking and passing Exam Part I.

All other requirements must be met in order to earn the FPAC credential.

Waivers for Exam Part II are not available. All candidates are required to take and pass the Exam Part II in order to earn the credential.

If your waiver application is approved and you are currently registered to take Part I in an upcoming testing window, any examination appointment that you have made for Part I must be cancelled in accordance with the Pearson VUE cancellation policy. That policy requires you to contact Pearson VUE at least one business day (24 hours) prior to your scheduled appointment in order to complete the cancellation. Please be sure that you have received a cancellation confirmation by email once complete. For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment will result in a \$100 no show penalty.

Please print or type

1. AFP ID #: _____ AFP MEMBER? YES NO

2. NAME: MR. MS. MRS. DR. _____

3. I HOLD THE FOLLOWING CREDENTIAL(S) IN ACTIVE, GOOD STANDING STATUS:

LAST	FIRST	MI
CREDENTIAL (CHECK BOX)	ID/LICENSE/CERTIFICATE NUMBER	EXPIRATION DATE
<input type="checkbox"/> CMA	<input type="checkbox"/> CA FELLOW	<input type="checkbox"/> CFA
<input type="checkbox"/> CPA (US)	<input type="checkbox"/> CA PRACTISING ACCOUNTANT	<input type="checkbox"/> CICPA
<input type="checkbox"/> CPA (CAN)	<input type="checkbox"/> ACA	<input type="checkbox"/> ACMA
<input type="checkbox"/> CPA (AUS)	<input type="checkbox"/> ACCA	<input type="checkbox"/> FCMA
<input type="checkbox"/> CTP	<input type="checkbox"/> FCCA	<input type="checkbox"/> ICAEW ACA
<input type="checkbox"/> CA ASSOCIATE	<input type="checkbox"/> FCCA	<input type="checkbox"/> ICAEW FCA

4. PLEASE ATTACH A COPY OR PHOTO OF YOUR CERTIFICATE, LICENSE CARD OR AWARD LETTER.

By signing and submitting this Part I Waiver Application, I accept the conditions set forth in the rules and regulations of the FPAC Examination (www.FPACert.org/rules). I understand that I am subject to all policies concerning cancellations, refunds, administration of the test, reporting of test scores, Part I exam waiver and the complete certification process and policies including the FPAC recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (www.AFPonline.org/ethics). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: _____ DATE: _____

ALL WAIVER APPLICATIONS MUST BE SIGNED BY CANDIDATE. THIRD-PARTY REQUESTS WILL NOT BE ACCEPTED.
Please direct all inquiries to the certification department at +1.301.907.2862 or by email to FPACert@AFPonline.org.