



# Retired Status Application

Please print clearly or type

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

2. CREDENTIALS HELD:  CTP  CCM  CTPA  CTP(CD)  FP&A

3. NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST FIRST MIDDLE

4. TITLE: \_\_\_\_\_

5. COMPANY: \_\_\_\_\_

6. MAILING ADDRESS PREFERENCE ( HOME  BUSINESS)

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. PHONE (OFFICE): \_\_\_\_\_ FAX: \_\_\_\_\_

8. 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 or FP&A 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 (CTP) or 45 (FP&A) 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.

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.

– Fax signed form to 301.907.2864.  
 – Or, email to [recertification@afponline.org](mailto:recertification@afponline.org)

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.