

Inactive Status Reactivation Form

Reactivation form will not be processed without the appropriate fee.

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Please print clearly or type

1. AFP ID NUMBER: _____

2. NAME: _____
LAST FIRST MI

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: _____

7. HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE (OFFICE): _____ FAX: _____

E-MAIL: _____

8. FEES (NON-REFUNDABLE):

Member Status	Reactivation Fees
AFP Member	<input type="checkbox"/> \$135
Non-Member	<input type="checkbox"/> \$250

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

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

- Use this form to reactivate the CTP, CTP(CD) or CCM under inactive status.
- **Reactivation request must include:**
 - List of the required continuing education credits as referenced in the Recertification Reporting Guidelines. Credits must be earned prior to submission of the application.
 - Documentation confirming successful completion of each professional development activity being reported.
 - Payment of the reactivation fee.

- 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
- 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. Career Development
- M. Student Internship Supervision
- N. Association or Professional Society Membership
- O. On-the-Job Experience

By signing and submitting this Reactivation 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 Guidelines. I understand that all credits are subject to verification by AFP.

SIGNATURE: _____ DATE: _____