

Exam Study Network Application

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To assist you in preparing for the CTP examination, AFP offers the opportunity to participate in the CTP Exam Study Network. For registered exam candidates only, we list your name and contact information on www.CTPcert.org so that other exam candidates may contact you as a study partner. Your name will be removed after the conclusion of your testing window.

If you are interested in participating, please complete this form in its entirety, including the city and state in which you will be participating. AFP will list your name, e-mail address, city and state that you have indicated. If you would like AFP to list your telephone number or if you do not have email, please check the box marked "Please list my daytime telephone number."

NOTE: You may check our website for your name approximately two weeks after submitting this form. Written confirmation will not be mailed. Your AFP record will not be updated if you have new company or address information. You may update your information by contacting AFP's Certification Department 8:30 a.m.–5:00 p.m. ET, Monday–Friday at +1.301.907.2862 or e-mail CTP@AFPonline.org.

Yes, please list my name on the AFP CTP Exam Study Network for the following:

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

2. NAME: MR. MS. MRS. DR. _____
LAST / FAMILY FIRST MI

3. NAME (as you would like it to appear): _____

CITY: _____ STATE/PROV: _____ COUNTRY: _____

4. EMAIL: _____

5. PLEASE LIST MY DAYTIME PHONE NUMBER: _____

6. SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY

DATE RECEIVED _____

DATE ENTERED _____