

Re-Examination Registration Form

CTP® Examination | page 1 of 2



Exam registrations are good for three years or six testing windows from the original application date. If you are within three years or six testing windows of your original application, you qualify as a re-examinee. Otherwise, please complete a new application, available in the *2016 Certification Candidate Guide*.

Mail your application and appropriate fees (U.S. dollars) to: AFP, P.O. Box 64714, Baltimore, MD 21264 (if paying by check only). Applications with credit card payment may be sent to AFP via fax at +1 301.907.2864. To avoid a duplicate credit card charge, the application should be mailed OR faxed, not both.

Please print or type

1. AFP ID# / CANDIDATE ID#: _____

2. NAME: MR. MS. MRS. DR. _____
NOTE: Name exactly as it appears on your ID. FIRST LAST / FAMILY MI

3. TITLE: _____

4. EMPLOYER / ORGANIZATION: _____

5. HOME ADDRESS: _____

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

BUSINESS ADDRESS: _____

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

6. MAILING ADDRESS PREFERENCE (HOME BUSINESS) WE SHIP UPS — NO P.O. BOXES, PLEASE.

NOTE: Your exam study materials and certificate will be mailed to this address.

7. PHONE: _____ FAX: _____

E-MAIL: _____

8. CTP EXAMINATION WINDOWS - **SELECT ONE**

	Registration Deadline
<input type="checkbox"/> June 1, 2016 – July 31, 2016 (2016A)	April 15, 2016
<input type="checkbox"/> December 1, 2016 – January 31, 2017 (2016B)	November 4, 2016

9. RE-EXAMINATION FEES — **SELECT ONE**

Re-Examinee Registration Fee \$300.00
Candidates who were not successful on their previous exam attempt(s) or failed to schedule an appointment during their approved testing window

OR

Re-Exam + No Show Fee \$300.00 + \$80.00 = \$380.00
Candidates who have previously forfeited their examination and candidate status by failing to maintain their scheduled appointment are required to remit a \$80 "no-show" penalty and the \$300 discounted exam fee.

OR

No Show Penalty Only \$80.00
Candidates who have missed their exam appointment or canceled their exam appointment after the 24 hour deadline with Pearson VUE and wish to sit for the exam in the same window are required to submit the \$80 no show fee.

Re-Examination Fee Total: \$ _____

(Continued on Reverse)

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CTP® Examination | page 2 of 2

Please print or type

10. CTP EXAM PREPARATION RESOURCES (OPTIONAL) – SELECT ONE

(For orders to be delivered outside of the United States, any customs, duties, tariffs and brokerage fees are NOT included in the shipping rate. The purchaser will be responsible for paying these charges upon delivery.)

AFP Treasury Learning System™ (AFLSP4).....\$735.00

(Do not select if you are a group participant wishing to purchase multiple units, or if you wish to enroll in an instructor-led course – please call 1.877.AFP.EDUC for volume discount pricing and enrollment information)

Shipping and Handling: Outside the U.S. – \$95.00, Within the U.S. – \$22.00 _____

Learning System Subtotal: \$ _____

Residents of CA (8.3%), MD (6%), MN (6.875%), TN (9.5%), VA (5.3%), **ONLY** add applicable tax: \$ _____

Learning System Total: \$ _____

OR

Essentials of Treasury Management®, Fourth Edition (ESTM4).....\$148.00

Shipping & Handling – Standard: Outside the U.S. – \$29.00, Within the U.S. – \$9.00 _____

(Allow 7-10 business days for standard domestic shipping; longer for international shipping based on destination.) Rush: Outside the U.S. – \$59.00, Within the U.S. – \$29.00 _____

Essentials Subtotal: \$ _____

Residents of CA (8.3%), MD (6%), MN (6.875%), TN (9.5%), VA (5.3%), **ONLY** add applicable tax: \$ _____

OR

Essentials of Treasury Management®, Fourth Edition eBook (ESTM4-EBOOK).....\$148.00

36 month rental eBook access. See page 9 in the CTP Certification Candidate Guide for eBook technical specifications. _____

Essentials Total: \$ _____

Total Examination, Re-Examination Fees & Preparation Resource in USD: \$ _____

11. METHOD OF PAYMENT: PAYMENT BY CHECK MUST BE MADE IN U.S. DOLLARS DRAWN ON A U.S. BANK

CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD

12. CARD NUMBER: _____ **EXPIRATION DATE:** _____

13. SIGNATURE: _____

(FOR CREDIT CARD PAYMENT)

By signing and submitting this application form, I accept the conditions set forth in the CTP Exams Rules and Regulations (www.CTPcert.org/RulesRegs). I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process. (www.AFPonline.org/RecertGuidelines).

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: _____

FOR AFP OFFICE USE ONLY	
CC/CK#	_____
ID#	_____
Amt \$	_____