

CANCELLATION REQUEST FORM

CTP® Examination



Submit your cancellation request to AFP via fax at +1.301.907.2864.

- You must contact Pearson VUE at +1 866.837.8287 one full business day (24 hours) prior to your scheduled appointment to cancel your exam appointment (Saturday and Sunday are not considered business days).
- New exam candidates who submit a cancellation request form by the deadline will be refunded the exam fee only. Membership, non-member differential and application fees are non-refundable.
- Re-examination candidates who submit a cancellation request form by the deadline will receive a refund of the re-examination fee, minus a \$100 processing fee.
- Cancellation requests will not be accepted after the cancellation deadline. No exceptions.

CTP Examination Window

Cancellation Deadline

December 1, 2018 – January 31, 2019 [2018B]

November 16, 2018

Please print or type

1. AFP ID #/CANDIDATE ID#: _____

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

3. TITLE: _____

4. ORGANIZATION: _____

5. MAILING ADDRESS PREFERENCE (HOME BUSINESS)

6. BUSINESS ADDRESS: _____

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

HOME ADDRESS: _____

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

7. PHONE: _____

E-MAIL: _____

By signing and submitting this cancellation request form, I accept the conditions set forth in the CTP Exam 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.

8. SIGNATURE: _____ DATE: _____

ALL CANCELLATION REQUESTS MUST BE SIGNED BY CANDIDATE. THIRD-PARTY REQUESTS WILL NOT BE ACCEPTED.