

TRANSFER REQUEST FORM

CTP® Examination



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

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. Do not send this form via email.

- Transfers are granted to the next test window only
- Only one transfer will be permitted per new or re-examination application. (Cannot be used in back-to-back testing windows)
- **You must contact Pearson VUE at least one full business day (24 hours) prior to your scheduled appointment to cancel your exam appointment (Saturday and Sunday are not considered business days).** For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment will result in a \$85 no show penalty fee.

Current Window

Current Window	Transfer To	Transfer Deadline
December 1, 2018 – January 31, 2019 (2018B)	July 1, 2019 - July 31, 2019 (2019A)	January 31, 2019

Please print or type

- AFP ID #/CANDIDATE ID#: _____
- NAME: MR. MS. MRS. DR. _____
LAST FIRST MI
- TITLE: _____
- ORGANIZATION: _____
- MAILING ADDRESS PREFERENCE (HOME BUSINESS)
- BUSINESS ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
HOME ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
- PHONE: _____
E-MAIL: _____
- TRANSFER ONLY: \$125.00
 TRANSFER + NO SHOW FEE: \$125.00 + \$85.00 = \$210.00
 NO SHOW FEE: \$85.00
- METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD WIRE
- CARD NUMBER: _____ EXPIRATION DATE: _____

After February 1, 2019 transfers will no longer be available. Please visit CTPCert.afponline.org/forms/transfers for more information about policy changes.

PLEASE SIGN BELOW (FOR SECURITY REASONS DO NOT SEND FORMS WITH CREDIT CARD INFORMATION VIA EMAIL.)

By signing and submitting this transfer request form, I accept the conditions set forth in the *CTP Candidate Handbook*. 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.

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.

11. SIGNATURE: _____ DATE: _____

ALL TRANSFER REQUESTS MUST BE SIGNED BY CANDIDATE. NO THIRD-PARTY REQUESTS WILL BE ACCEPTED.

Please direct all inquiries to the certification department at +1.301.907.2862 or by email to CTP@AFPonline.org.