RE-REGISTRATION FORM



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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 *CTP Candidate Handbook*.

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 <u>OR</u> faxed, not both.

Please print or type

1.	AFP ID# / CANDIDATE ID#:				
2.	NAME: MR. MS. MRS. DR.		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 (D HOME D NOTE: Your exam study materials and certificate will be mailed to		IPS — NO P.O. BOXES, PLEASE.		
7.	PHONE:				
	E-MAIL:				
8.	CTP EXAMINATION WINDOWS - SELECT ONE				
			Registration Deadline		
	□ June 1, 2024 - July 31, 2024 (2024A)		April 24, 2024		
	December 1, 2024 - January 31, 2025 (2024B)		October 30, 2024		

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Please print or type

Candidates who were not successful on their previous exam attempt(s) or failed to schedule an appointment during their approved testing window

OR

OR

❑ No Show Penalty Only\$90 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 \$90 no show fee.

Please complete this form and send it to certification@afponline.org to receive a link to securely submit your credit card payment.

If you'd like to purchase preparation materials please visit https://ctpcert.afponline.org/preparation

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, 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:___

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СС/СК#					
ID#					
Amt \$					