## **CANCELLATION REQUEST FORM**



CTP® Examination

## Submit your cancellation request to AFP via email at certification@afponline.org

- 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 Deadli	ne	
June 1, 2025 - July 31, 2025 (2025A)	May 17, 2025		
Please print or type			
1. AFP ID #/CANDIDATE ID#:			
2. NAME: ☐ MR. ☐ MS. ☐ MRS. ☐ DR			
1. TITLE:		FIRST	МІ
4. ORGANIZATION:			
5. MAILING ADDRESS PREFERENCE (☐ HOME ☐ BUSII	NESS )		
6. BUSINESS ADDRESS:			
CITY:	STATE/PROV:	ZIP/POSTAL CODE:	COUNTRY:
HOME ADDRESS:			
CITY:	STATE/PROV:	ZIP/POSTAL CODE:	COUNTRY:
<b>7.</b> PHONE:			
E-MAIL:			
By signing and submitting this cancellation request form	'		3
(www.CTPcert.org/RulesRegs). I understand that I am sitest, reporting of test scores and the complete certificat			
8. SIGNATURE:			DATE:

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