

No-Show Penalty Form

FPAC Examination



CERTIFIED CORPORATE
FINANCIAL PLANNING &
ANALYSIS PROFESSIONAL

Sponsored by AFP*

Submit your re-examination request to AFP via fax at
+1.301.907.2864

Forms with credit card payment may be sent to AFP via fax at +1.301.907.2864. To avoid a duplicate credit card charge, the form should be mailed OR faxed, not both. Do not send this form via email.

- Failure to cancel a scheduled appointment, according to the Pearson Vue cancellation policy, will result in a \$110 no-show penalty fee. Authorizations to Test will not be issued until the no-show fee has been paid.

Please print or type

- AFP MEMBER? YES NO AFP 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: _____ FAX: _____ EMAIL: _____

Please print or type

- Please SELECT: NO-SHOW EXAM PART I (\$110) NO-SHOW EXAM PART II (\$110) TOTAL REMITTED IN USD: _____
- METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER
CARD EXPIRATION DATE: _____
- CARD NUMBER: _____
PLEASE SIGN BELOW (FOR SECURITY REASONS DO NOT SEND FORMS WITH CREDIT CARD INFORMATION VIA EMAIL.)

By signing and submitting this no-show penalty form, I accept the conditions set forth in the rules and regulations of the FPAC Examination (www.FPACert.org/rules). 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 FPAC 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.

SIGNATURE: _____ DATE: _____

ALL NO-SHOW PENALTY FORMS MUST BE SIGNED BY CANDIDATE. THIRD-PARTY REQUESTS WILL NOT BE ACCEPTED.

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