

# Re-Registration Form

## FPAC™ Exam Part I



CERTIFIED CORPORATE  
FINANCIAL PLANNING &  
ANALYSIS PROFESSIONAL

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

Exam registrations are good for five years or ten testing windows from the original application date. If you are within five years or ten testing windows of your original application, you qualify to re-register. Otherwise, please complete a new application, available online.

### Testing Window

### Registration Deadline

August 1 - September 30, 2024 (2024B)

June 14, 2024

Please print or type

1. AFP MEMBER?  YES  NO AFP 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: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mail your application and appropriate fees (U.S. dollars) to: AFP Certification, 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 **OR** faxed, not both. **Do not send this form via email.**

8.  RE-REGISTRATION FEE\* .....\$250  
Candidates who were not successful on their previous exam attempt(s)

**OR**

RE-REGISTRATION + NO SHOW FEE\* .....\$250 + \$110 = \$360  
Candidates who have previously forfeited their examination and candidate status by failing to maintain their scheduled appointment(s) are required to remit a \$110 "no-show" penalty and the \$250 re-registration fee.

**OR**

NO SHOW FEE ONLY\* .....\$110  
Candidates who have missed or canceled their exam appointment(s) after the 24 hour deadline with Pearson VUE and wish to sit for the exam in the same window are required to submit the \$110 no show fee.

*\*per exam part*

Total remitted in USD: \$ \_\_\_\_\_

9. METHOD OF PAYMENT:  CHECK  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER CARD

10. CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

By signing and submitting this re-registration form, I accept the conditions set forth in the rules and regulations of the FPAC Examination ([www.FPACert.org/rules](http://www.FPACert.org/rules)). 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 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](http://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 RE-REGISTRATION REQUESTS 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](mailto:FPACert@AFPonline.org).*