Cancellation Request





Submit your cancellation request to AFP via fax at +1.301.907.2864 or by email to FPACert@AFPonline.org.

- You must contact Pearson VUE at least 24 hours (one full business day) prior to your scheduled appointment to cancel your exam appointment(s). For Pearson VUE contact information, please visit www.pearsonvue.com/afp. Failure to cancel a scheduled appointment(s) will result in a \$110 no show penalty fee per exam part.
- Exam candidates who submit a cancellation request form by the deadline will be refunded the exam fee only. The application fee is
 non-refundable and non-transferable. For candidates whose most recent payment did not include an application fee, there will be a
 \$100 processing fee withheld and any no-show penalty fees (\$110) that were previously assessed.
- Cancellation requests will not be accepted after the cancellation deadline. No exceptions.

FPAC Examination Window	Cancellation D	eadline	
February 1 - March 31, 2024 (2024A)	January 18, 2024		
Please print or type			
1. AFP ID #:	AFP MEMBER?	YES 🗖 NO	
2. NAME: ☐ MR. ☐ MS. ☐ MRS. ☐ DRLAST/F	FAMILY	FIRST	MI
3. TITLE:			
4. ORGANIZATION:			
5. MAILING ADDRESS PREFERENCE (☐ HOME ☐	BUSINESS)		
5. BUSINESS ADDRESS:			
CITY:	STATE/PROV:	POSTAL CODE:	COUNTRY:
HOME ADDRESS:			
CITY:	STATE/PROV:	POSTAL CODE:	COUNTRY:
7. PHONE:			
E-MAIL:			
By signing and submitting this cancellation request (www.FPACert.org/rules). I understand that I am sutest scores and the complete certification process a	ubject to all policies concerning	cancellations, refunds, deferrals,	
ICNATURE			

ALL CANCELLATION 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.