



# FP&A Examination No-Show Penalty Form

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 \$100 no-show penalty fee. Authorizations to Test will not be issued until the no-show fee has been paid.

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: \_\_\_\_\_

Please print or type

8. Please SELECT:  NO-SHOW EXAM PART I (\$100)  NO-SHOW EXAM PART II (\$100) 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 no-show penalty form, I accept the conditions set forth in the rules and regulations of the FP&A Examination ([www.FPACert.org/rules](http://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 FP&A 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 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](mailto:FPACert@AFPonline.org).