



## Report of Education and Experience Please print or type

APPLICANT NAME: \_\_\_\_\_  
LAST / FAMILY FIRST MI

### Section A: Report of Full-Time Work Experience

Candidates may take the FP&A exam before they have completed the experience requirement, however the credential will not be awarded until all requirements have been met.

In order to be awarded the FP&A credential, candidates must complete three years of Full Time Equivalent (FTE) experience in an FP&A position. FTE experience is defined as those positions involving at least 35 hours of work per week. At least 50% of the individuals time must be spent performing/managing or supervising those who perform/manage the following tasks:

- Budgeting
- Forecasting
- Corporate financial planning/  
Strategic planning
- Financial modeling
- Financial analysis (non-credit)

A master's or higher degree (or global equivalent) in a finance, accounting or business-related field may be substituted for one year of work experience.

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
DESCRIPTION OF DUTIES			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	
SUPERVISOR	PHONE NUMBER	EMAIL	

For this position, indicate the percentage of time spent doing the following and whether you were performing or supervising/managing that function:

TASK	Budgeting	Forecasting	Financial modeling	Corporate financial planning/Strategic planning	Financial analysis (non-credit)
TIME SPENT SUPERVISING					
TIME SPENT PERFORMING					

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)	
POSITION TITLE			
DESCRIPTION OF DUTIES			
ORGANIZATION	NAME	CITY	STATE/PROV
SUPERVISOR	NAME	POSITION TITLE	
SUPERVISOR	PHONE NUMBER	EMAIL	

For this position, indicate the percentage of time spent doing the following and whether you were performing or supervising/managing that function:

TASK	Budgeting	Forecasting	Financial modeling	Corporate financial planning/Strategic planning	Financial analysis (non-credit)
TIME SPENT SUPERVISING					
TIME SPENT PERFORMING					



### Report of Education and Experience Please print or type

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APPLICANT NAME: \_\_\_\_\_  
LAST / FAMILY FIRST MI

#### Section B: Report of Education

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In order to be awarded the credential, candidates must meet one of the following education requirements:

- 1. A Bachelor's or global equivalent academic degree in corporate finance, accounting or business.
- OR
- 2. A Bachelor's or global equivalent academic degree in a non-finance subject plus three semester hours of college-level course work or equivalent in corporate finance and six semester hours of college-level course work or equivalent in accounting.
- OR
- 3. A Bachelor's or global equivalent degree in a non-finance subject plus a corporate finance related credential (see approved credentials at [www.FPACert.org/ApprovedCredentials](http://www.FPACert.org/ApprovedCredentials)).

**Candidates holding a bachelor's or global equivalent degree in any subject or undergraduate students majoring in finance, accounting or business who expect to graduate within two years may take the FP&A exam before meeting the education requirement.**

Please do not send supporting documentation. AFP will audit applications and contact schools to verify degrees.

Candidates who have at least six years of FP&A experience and do not hold a bachelor's or global equivalent degree should contact AFP to apply for review and consideration.

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PROV/COUNTRY: \_\_\_\_\_

DEGREE EARNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

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NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PROV/COUNTRY: \_\_\_\_\_

DEGREE EARNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

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NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PROV/COUNTRY: \_\_\_\_\_

DEGREE EARNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_



### Report of Additional Education and/or credentials Please print or type

APPLICANT NAME: \_\_\_\_\_  
LAST / FAMILY FIRST MI

This section is to be completed **ONLY** by candidates who have a bachelors or global equivalent degree in a non-accounting, non-finance or non-business subject. Such candidates are required to report either three semester hours of college level course work or equivalent in finance and six semester hours of college level course work or equivalent in accounting OR a finance related credential (see approved credentials at [www.FPACert.org/ApprovedCredentials](http://www.FPACert.org/ApprovedCredentials)).

### Credential

NAME OF CREDENTIAL YEAR AWARDED

### Additional Education

#### ACCOUNTING COURSE WORK

NAME OF COURSE SEMESTER HOURS

COLLEGE/UNIVERSITY DATE COMPLETED

#### FINANCE COURSE WORK

NAME OF COURSE SEMESTER HOURS

COLLEGE/UNIVERSITY DATE COMPLETED

#### ACCOUNTING COURSE WORK

NAME OF COURSE SEMESTER HOURS

COLLEGE/UNIVERSITY DATE COMPLETED

#### FINANCE COURSE WORK

NAME OF COURSE SEMESTER HOURS

COLLEGE/UNIVERSITY DATE COMPLETED

### Two ways to submit the completed forms with payment to AFP :

1. Fax: +1 301.907.2864

2. Mail to:

If paying by credit card:

AFP  
FP&A Program  
4520 East-West Highway, Suite 800  
Bethesda, MD 20814-3319 USA

If paying by check:

AFP  
PO Box 64714  
Baltimore, MD 21204

You will receive an email notification upon AFP's receipt of your completed forms and payment.

By signing and submitting this form, I accept the conditions set forth in the FP&A Exam Rules and Regulations ([www.FPACert.org/RulesRegs](http://www.FPACert.org/RulesRegs)). 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 ([www.AFPonline.org/RecertGuidelines](http://www.AFPonline.org/RecertGuidelines)).

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (go to [www.FPACert.org/Ethics](http://www.FPACert.org/Ethics)). I authorize the Association for Financial Professionals to make inquiries concerning my employment and/or educational history and understand that any false statements made on this application will constitute a violation for which my application may be cancelled or my certification may be revoked. I certify that the information contained in Forms I and II of this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature is required.

# Form II

## 2017 FP&A™ Examination

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Additional Work Experience  
Use only if needed



**FP&A®**

Certified Corporate  
**Financial Planning &  
Analysis Professional**

APPLICANT NAME: \_\_\_\_\_  
LAST / FAMILY
FIRST
MI

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)
POSITION TITLE		
DESCRIPTION OF DUTIES		
ORGANIZATION	NAME	CITY STATE/PROV
SUPERVISOR	NAME	POSITION TITLE
SUPERVISOR	PHONE NUMBER	EMAIL

For this position, indicate the percentage of time spent doing the following and whether you were performing or supervising/managing that function:

TASK	Budgeting	Forecasting	Financial modeling	Corporate financial planning	Financial analysis (non-credit)
TIME SPENT SUPERVISING					
TIME SPENT PERFORMING					

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)
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TIME SPENT SUPERVISING					
TIME SPENT PERFORMING					

DATE RANGE	FROM (MM/YYYY)	TO (MM/YYYY)
POSITION TITLE		
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TIME SPENT SUPERVISING					
TIME SPENT PERFORMING					