## **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 February 1 - March 31, 2025 (2025A)		Cancellation De	Cancellation Deadline January 18, 2025		
		January 18, 2025			
Plea	ase print or type				
1.	AFP ID #:	AFP MEMBER? 🗖 1	∕ES □ NO		
2.	NAME: 🗖 MR. 🗖 MS. 🗖 MRS. 🗖 DRLAST / FAMIL	Y	FIRST	MI	
3.	TITLE:				
4.	ORGANIZATION:				
5.	MAILING ADDRESS PREFERENCE (  home  bus	SINESS )			
5.	BUSINESS ADDRESS:				
	CITY:	STATE/PROV:	POSTAL CODE:	COUNTRY:	
	HOME ADDRESS:				
	CITY:	STATE/PROV:	POSTAL CODE:	COUNTRY:	
<b>′</b> .	PHONE:				
	E-MAIL:				
(ww	igning and submitting this cancellation request form w.FPACert.org/rules). I understand that I am subject scores and the complete certification process and p	t to all policies concerning	cancellations, refunds, deferrals,		

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.