



Exam Part II Transfer Request

Submit your transfer request to AFP via fax at +1.301.907.2864.

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.

- Transfers are granted to the next test window only.
- Only one transfer will be permitted per new or re-examination application. (Cannot be used in back-to-back testing windows)
- You must contact Pearson VUE at least one business day (24 hours) 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 \$100 no show penalty fee per exam part.
- Transfers (moving one or both examination parts from the current window to the next available window) will no longer be an option, effective April 1, 2019. You may re-register for a future window if you need to move your exam window.

FP&A Examination Window	Transfer To	Transfer Deadline
February 1–March 31, 2019 (2019A)	August 1–September 30, 2019 (2019B)	March 31, 2019

Please print or type

1. AFP ID #: _____ AFP MEMBER? YES NO

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: _____
 E-MAIL: _____

8. TRANSFER FEE ONLY*: **\$125.00**
 TRANSFER + NO SHOW FEE*: **\$225.00**
 NO SHOW ONLY FEE*: **\$100.00**

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

10. CARD NUMBER: _____ EXPIRATION DATE: _____

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

**per exam part*

By signing and submitting this transfer request form, I accept the conditions set forth in the rules and regulations of the FP&A Examination (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). 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: _____